

talkabout

Where we speak for ourselves

Ageing with HIV

Reflections on what it means to live longer with HIV

Game on-line!

Internet dating goes mobile

The Swiss Consensus Statement

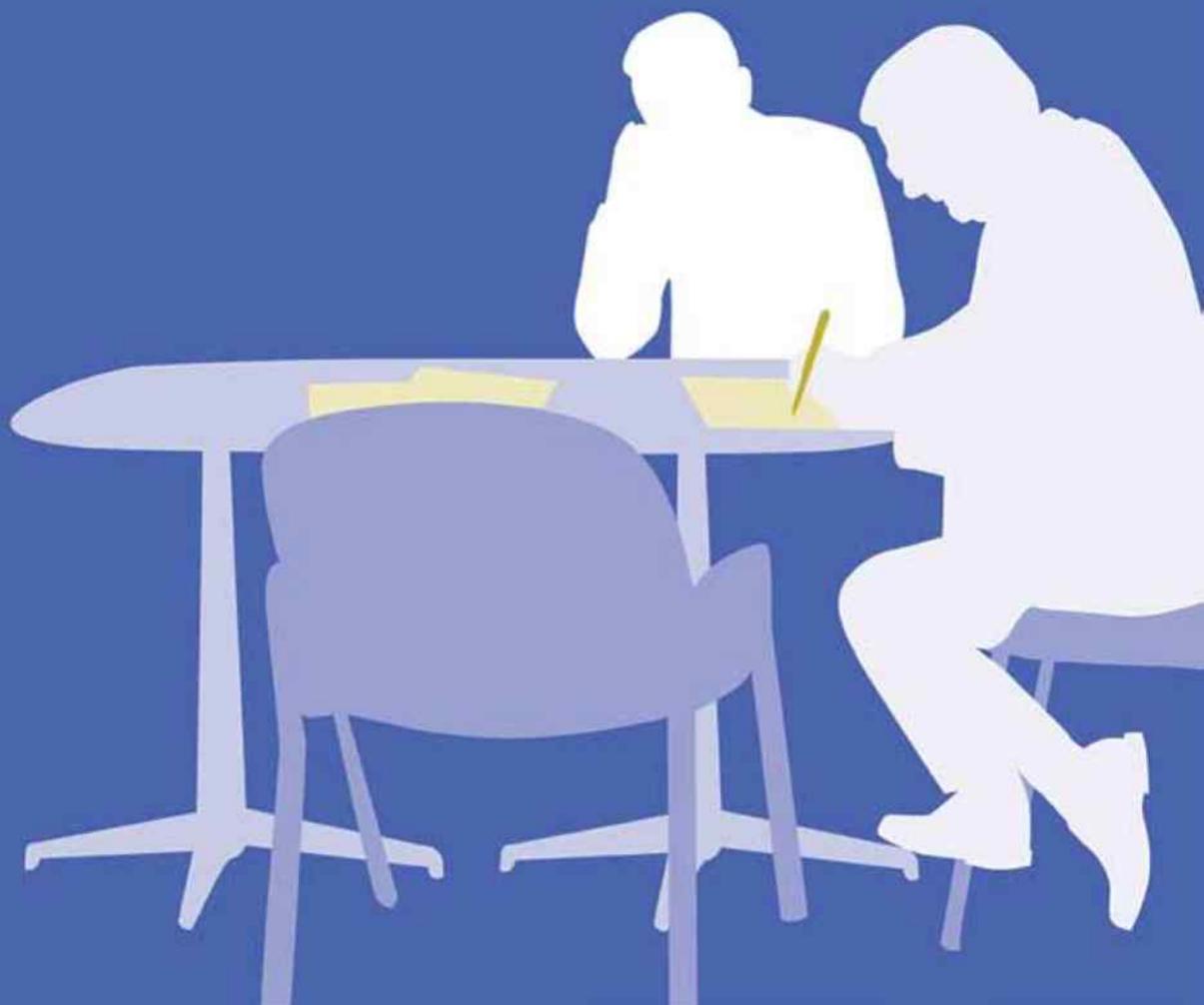
The impact for heterosexuals living with HIV



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talkabout

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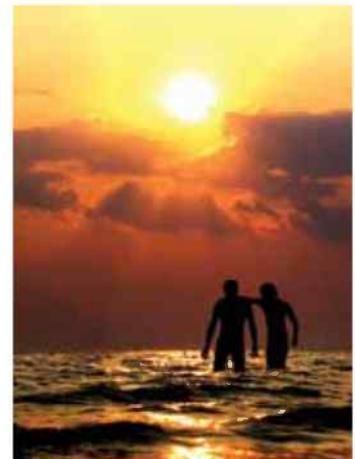
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Contributors:

Tim Alderman, Tim Bishop, David, John Douglas, Ross Duffin, James Gilmour, Mizy, Greg Page, Asha Persson, POJO, Hédirno Santana, James Wilson

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Communications Kevin Pyle

Website Phillip McGrath

TALKABOUT

Editor Kevin Pyle

Design Slade Smith

CONTACTS

Office Suite 5, Level 1, 94 Oxford Street,
Darlinghurst

PO Box 831, Darlinghurst 1300

Phone (02) 9361 6011

Fax (02) 9360 3504

Freecall 1800 245 677

editor@positivelife.org.au

www.positivelife.org.au

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All aboard

This is my first issue of *Talkabout* and it's a great privilege to be on board! I realise that I have some big shoes to fill and I'm looking forward to the challenge.

Of course, I need your help. The strength of *Talkabout* has always been that it is a place for people living with HIV to share our experiences. It is a place for stories of success and hardship, love and loss, joy and sadness, courage and fear. It is also a place for information about the issues that affect our lives.

When times are tough, it's easy to think that we are the only person dealing with a particular issue, but the reality is that there are often many people experiencing the same thing. We just haven't heard about it. This is why it is so important to share our stories. Not only does it help document our lives as positive people, it can also help other people to realise they are not alone.

This issue of *Talkabout* shows the diversity and courage of people with HIV.

You're likely to hear more and more about ageing with HIV, but, for many us, we are unsure what this means. There is no road map for ageing and we explore what this means on page 3, while Ross Duffin shares his personal views on living long term with HIV on page 5.

On page 9, Mizy tells her story of migrating to Australia and being diagnosed with HIV in the Villawood Immigration Detention Centre. This was the start of a life-changing journey in which she questioned her Muslim faith and found the courage to live her own life.

David follows up his story about HIV-related dementia in *Talkabout* 162. On page 22, he discusses his experience

of hypomania and the importance of creating a personal mental health plan for his support network.

Asha Persson reports on her research and the impact of the Swiss Consensus Statement on heterosexuals living with HIV. You'll also find your favourite columns like the 'Joy of pets' and 'So can you cook?'

There is a bit of humour too! Greg Page's article on the evolution of internet dating should strike a cord for anyone who uses online chat or dating. POJO's cartoon is a bit tongue in cheek, but it raises some interesting questions around our use of language and sero sorting.

If you have a story you want to share or there is something you would like to see in *Talkabout*, send me a note (editor@positivelife.org.au) or give me a call.

I hope you enjoy this issue and look forward to hearing from you!

Kevin Pyle



Ageing with HIV

Living with HIV has changed dramatically over the last 20 years. As treatments have improved, our life expectancy has slowly risen and is approaching that of people without HIV. As a result, we are now more likely to live into our senior years and this means we have to consider a new challenge: ageing with HIV.

In 2007, the average age of HIV diagnosis in Australia was 38 and this is predicted to rise to 44 in 2010. The arrival of effective treatments has meant people with HIV are living longer, healthier lives and are unlikely to have any HIV-related illness until they are much older. Now, nearly 30% of people with HIV in Australia are aged over 50 and this percentage will only increase.

While the average age of the HIV population is growing, so too is the number of people living with HIV. This is due to a dramatic fall in death rates, as new infections have remained relatively constant.

In Australia, the number of people with HIV on antiretroviral treatment almost doubled in the period 2000–2006.¹ Effective treatments have meant we are living longer and are unlikely to have any HIV-related illness until we are much older. So, we are living longer and have greater access to treatment, which is good news. Right?

The general belief is that treatments have decreased disease burden; they certainly did so in the short term. In the long term, they have undoubtedly increased survival. A great proportion of the over 50 HIV-positive population will have had HIV infection for more than 15 years and will have been on HIV treatments for over 10 years. This is something we couldn't have imagined in the early years.

Unfortunately, despite these great gains, more and more evidence suggests that living longer with HIV means we are likely to face additional non-HIV-related illnesses, or co-morbidities.

Most reviews about HIV and ageing stress illness, disease, co-morbidities and treatment complexity. For example, a recent Australian study notes:

“A consequence of successful therapy with subsequent ageing of those infected has meant that from 2001 estimated deaths from other causes exceed AIDS deaths in Australia ... In summary, our analyses indicate an increasing and rapidly ageing population living with HIV in Australia. This will inevitably lead to more serious non-AIDS conditions in ageing patients living with HIV, and to increased treatment complexity.”²

Although ageing is a normal process without a ‘treatment’, ageing with HIV is invariably played out in a medical context related to disease. The emphasis in clinical work is shifting from antiretroviral treatment and resistance, to the secondary illnesses associated with HIV and ageing. This shift is likely to define ageing with HIV for at least the next generation.

Identifying the issues

There is no doubt that ageing causes a loss of immune function and there are age-related risk factors for disease in people without HIV. The diseases, systems and organs most frequently associated with HIV and ageing are similar to those of the general ageing population: the nervous system, gastrointestinal system, metabolic conditions, cancers, mental disorders and the heart, liver, skin, eyes and ears.

There is little we can do about 'normal' ageing. But, what is it about living longer with HIV that makes us more prone, at an earlier age, to age-related illnesses?

The short answer is that some secondary illnesses are associated with antiretrovirals, while others are probably caused by HIV infection itself.³⁻⁵ Lifestyle risk factors, drug toxicity and persistent immune dysfunction and inflammation also play a role in the illnesses associated with HIV and ageing.

Lifestyle interventions such as quit smoking can dramatically improve our health and lower our risks of heart disease

Researchers are beginning to understand that long-term HIV infection may be an independent risk factor for many of these secondary illnesses. A recent study showed that HIV infection alone is as big a risk for developing atherosclerosis as traditional risk factors like smoking.⁶ However, there is a lot more to be learnt about which factors are important for particular co-morbidities.

Knowledge about persistent immune dysfunction and inflammation is growing, but there are unlikely to be effective medical interventions for at least a decade. Fortunately, efforts continue to be made to improve treatment toxicity and long-term side effects, but progress is also slow.

The awareness of the importance of addressing modifiable risk factors is still limited among people with HIV and not yet reflected in treatment guidelines or given sufficient priority in community education efforts. This is one area where change could occur more quickly as there are a number of lifestyle interventions such as quit smoking that can dramatically improve our health and lower our risks of heart disease (see www.nomorebutts.org.au).

If length of HIV infection and treatment play a role in premature ageing, then we can expect a large increase in the prevalence of secondary illnesses. This growth in co-morbidities, increase in use of multiple medicines (polypharmacy) and uncertainty in risk factors is likely to increase demand for detailed treatment information.

Defining HIV and ageing

Although medical knowledge is incomplete, strategies to address HIV and ageing are underway. There have been numerous international medical meetings on HIV and ageing and some medical guidelines for treatment and care are being developed.

What appears to be missing from this dialogue is the voices of people with HIV and an understanding of the social issues associated with HIV and ageing. Issues such as loneliness and social isolation are important considerations as they can have a detrimental impact on health.

In the general community, people often rely on family support as they age, but it is more often the case that older people with HIV do not have such family support. There has been little planning to cater for the social and support needs for those of us ageing with HIV.

While the health system can provide some social support, broader community support programs will be essential.

In the early response to the epidemic, there was immense gay community support. Volunteers moved in to fill gaps in services that couldn't be met by the health system. For better or worse, as the response to HIV became mainstream and moved from epidemic and crisis to endemic and 'normal', many of these support systems moved to professional health systems and community support.

The partnerships that defined the early response to HIV – between governments,

doctors, health professionals, researchers, affected communities and people with HIV – need to be reignited.

Before the development of effective treatments there was a very intense engagement between people with HIV and medicine. Both sides agree that this partnership resulted in good outcomes. However, as effective HIV treatments became available, we formed a different relationship with our illness, often handing control back to our doctors.

As we begin to confront the complexity of HIV and ageing, a new partnership between medicine and older people with HIV must be forged. The conversations need to focus on how lifestyle and medicine can allow us to live healthier, more enjoyable lives. Any talk about treatments should include discussion of quality of life issues.

Medicine appears to be defining HIV and ageing as an inevitable, complex disease state. This could be damaging for younger and older people with HIV as it may lead to lots of unwanted treatments and interventions.

Older people with HIV need to be included in the discussions around appropriate medical guidelines and social support structures for ageing with HIV.

There are few stories about successful ageing but, despite the bleak landscape being painted by medicine in the diversity of the HIV and ageing experiences, there must be many stories of success.

If you would like to share your story of ageing with HIV, please contact Kevin at editor@positivelife.org.au or on 9361 6011.

This article is based on a report written by Ross Duffin.

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Ageing: A personal perspective

Ross Duffin ponders the meaning of living long term with HIV and what we can do to address the challenges of ageing with HIV.

When I got my HIV diagnosis more than 20 years ago, I never expected to get old or be classified as 'ageing'. At the time the "Sydney" Olympics were announced, I thought I wouldn't be alive to see them. But I was. And now in HIV years I am ageing.

A few years ago, I retired from full-time work due to physical illness and depression. I basically went home to die passively – there was no road map for being old with HIV.

This year, my former workplace asked for a small bit of assistance in finishing off a booklet they were doing on HIV and ageing (due out later this year). As I began reading the literature about HIV and ageing, I recognised myself. Me and my so-called comorbidities were jumping out of the pages at me. I could feel a new identity coming, 'HIV and ageing', but this felt better than 'HIV and discarded'.

My story is not an unusual one. In 1995, when new treatments arrived, there were just over 11,000 people living with HIV and about 1,500 were over 50. The last Australian HIV Surveillance Report (2009) documents about 17,500 people living with HIV and nearly 5,400 are aged over 50 (roughly 31%). The growth rate in numbers of people with HIV over 65 is even greater. The median age of people living with HIV in Australia goes up by one year every two years. If this continues, by the end of the next decade about 50% of people living with HIV in Australia will be over 50.

There's now a lot of medical and research interest in HIV and ageing. Yet in the emerging dialogue it is rare to find the voices of older people with HIV. It feels like more than a generation after we

said "we are part of the solution, not the problem", things have gone back to the old ways of thinking and doing.

'Normal' ageing is associated with a number of medical conditions. These are often, quite dreadfully in my opinion, referred to as comorbidities. Now, I've been morbid at times, but I don't want to be known as 'Mr Comorbid'.

We don't expect a cure to ageing ... but we do expect a say in appropriate treatment and services to help us age well

Typically, a 75 year old without HIV will be on pharmaceutical treatment for at least two conditions associated with ageing. In people with HIV, the typical picture is these ageing comorbidities occur at a much younger age and in greater frequency. So, a typical 55 year old who has had HIV for more than 10 years will be on treatments for more than two ageing comorbidities.

Sadly, for those of us living with HIV, parts of our bodies and systems get

'older', faster. The precise reasons for this premature ageing are unknown. It is considered to be a mix of normal ageing, the drugs used to treat HIV, HIV itself and lifestyle factors (such as smoking) which tend to be more common in people with HIV.

This data has consequences for all people with HIV. From the moment you get your HIV diagnosis, you should probably start to think about reducing your risk of ageing comorbidities – this is emerging as probably as important as taking HIV antiretrovirals.

Even when you already have some ageing comorbidities, it's not too late to take some preventions. I've been walking 15,000 steps a day and the improvement in my psychological and physical well-being is immense. But if you have to do the rounds of a few specialists, taking the time to look after yourself means that working full time is often difficult. Early retirement may have to be the norm for people with HIV, and this comes at a time when the retirement age is going in the other direction.

I didn't live through the last 25 years to spend the last years of my life mired in comorbidity without doing something about it. As people with HIV, we engaged with medicine and drug regulators in a discussion about ways to expedite the arrival of and get early access to effective treatments. Now a generation later, it looks like we need to engage again – but in a different way. We don't expect a cure to ageing – ageing is normal and it isn't morbid and some aspects of ageing are actually fun – but we do expect a say in appropriate treatment and services to help us age well.

Notice of the Positive Life NSW Inc. Annual General Meeting

When: 6–8:30pm, Thursday, 26 November 2009

Where: Kings Cross Hotel, 248 Williams St
(opposite Coke sign Kings Cross)

RSVP: Harry Richardson, Manager – Organisation
and Team Development, harryr@positivelife.org.au
or 02 9361 6011

Positive Life NSW Full and Distinguished Members will be posted an AGM/voting pack, including proxy voting forms and instructions, in early November. If you are a member and did not receive this, please contact Harry Richardson.

The completed proxy forms must be received (by mail, fax or delivered) at Positive Life NSW by close of business (5pm) Wednesday, 25 November 2009.

Please note nominations for Distinguished Members are canvassed from the general membership and considered by the Board. We will be honouring several Distinguished Members at this AGM.

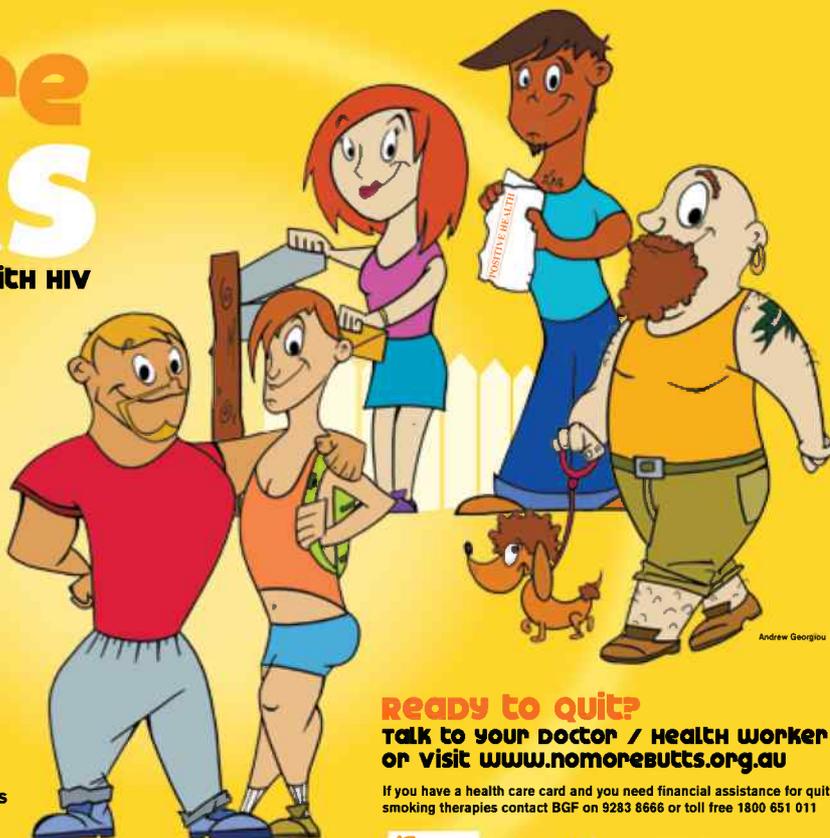
A copy of the Annual Report will be sent to all members and will be available at the AGM. You can also view the report at www.positivelife.org.au

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What's News?



Increased risk of non-AIDS-defining cancers in people with HIV

A recent study published in the online edition of the *Journal of Acquired Immune Deficiency Syndrome* suggests that HIV-positive people have higher risks of developing non-AIDS-defining cancers. The researchers reviewed cancer diagnoses between 1981 and 2007, representing 1 million person years of follow-up. They then considered factors such as gender, a previous AIDS diagnosis and antiretroviral exposure to determine if these factors affected the risk of non-AIDS-defining cancers.

The most common non-AIDS-defining cancers in the HIV-positive group were lung and anal cancer and Hodgkin's lymphoma. These cancers are linked to viral infections such as human papilloma virus (HPV, anal cancer), hepatitis B and C (liver cancer), and Epstein Barr virus (Hodgkin's lymphoma). The researchers note that "decreased immune function paired with increased incidence of these infections may be responsible for the increased rates of virally associated cancers among people with HIV".

The study also reports that people with HIV who smoke have elevated incidences of lung, kidney and laryngeal cancers. Cigarette smoking appears to be the underlying cause of many of the cancers, particularly among women.

According to the study, people with HIV are twice as likely to develop a non-AIDS-defining cancer when compared to the HIV-negative population. The risks were higher for those people who had an AIDS diagnosis with a slight reduction in risk after HIV treatment began. HIV-positive men were at greater risk of developing a non-AIDS-defining cancer than HIV-positive women, although HIV-positive women had a greater risk of some cancers

(kidney, larynx, leukaemia and multiple myeloma).

However, the researchers were unable to say if HIV alone increased the risk of such cancers or whether other cancer risk factors were responsible for the higher incidence among people with HIV.

Source: www.aidsmap.com/en/news/4BE7AE42-02F9-4FCD-A146-E03504D-B1ED3.asp

The 'Thai' vaccine results: New hope or another disappointment?

In late September, newspapers around the world trumpeted the success of a new HIV vaccine that reportedly reduces the risk of infection with HIV by more than 31 per cent compared to a placebo.

Conducted in Thailand, the RV114 trial involved more than 16,000 volunteers and is regarded as the largest HIV vaccine study ever conducted in humans. Trial participants were recruited from two Thai provinces with high HIV prevalence rates and comprised HIV-negative Thai men and women aged 18–30.

The participants received either an ALVAC vector (made of a disabled form of the bird virus canarypox and genetically engineered versions of three HIV genes) and a booster vaccine, AIDSVAX (genetically designed to produce an antibody response to HIV), or a placebo vaccine. The vaccines did not contain the entire HIV virus, so participants were not at risk of HIV infection from the vaccine.

At the beginning of the study, and at six-month intervals for the duration of the trial, participants were given condoms, counselling and treatment for any STIs as well as an HIV test. Those who seroconverted during the study were given free access to HIV care and HAART treatment, as well as an offer for extended follow-up in a separate study.

The study results announced in September indicated that the vaccine combination lowered the risk of HIV infection by 31.2% compared to placebo and the chance of the result being due to chance was reportedly very low (3.9%). The vaccine had no effect on viral loads of those who became infected with HIV during the study.

The success of this trial, albeit limited, began to renew optimism to a field that was getting used to disappointing results. Previous HIV vaccine trials, such as the STEP study, failed to produce good results.

HIV advocates called for a more careful examination of the findings, noting that a 31% success rate in preventing new infections is not as good as proven prevention measures such as safe sex.

In mid October, the *Wall Street Journal* and *Science* magazine raised questions about the study results, suggesting no statistical significance between the vaccine and placebo groups. These reports pointed out that a per protocol analysis – the number of participants who received the full number of vaccine shots according to the trial protocol – reveals that the success rate is a lower 26.2%, while the likelihood of the results being due to chance was much higher (16%).

These reports have ignited debate in the research community about how trial results are reported. Although the Thai vaccine trial researchers respond quickly to the reports, there is some concern that the credibility of the trial has been eroded.

Note: The full results of the trial were presented at AIDS Vaccine 2009 conference in Paris on 20 October (see www.hivvaccineenterprise.org/conference/2009/index.aspx), after this issue of Talkabout went to press.

Source: www.aidsmap.com/en/news/FC15FEF3-3CA0-41F5-A4BF-72C145D583A2.asp, www.avac.org/, www.pharmatimes.com/ClinicalNews/article.aspx?id=16727

Hédimo Santana

Numbers crunching

Positive Life Board Director **James Wilson** attended his first ASHM conference last month to learn more about the sector. Here, he shares his observations on Australasia's premier HIV conference, where numbers matter.

The 2009 Australasian HIV/AIDS Conference run by the Australasian Society for HIV Medicine (ASHM) was held in Brisbane on 9–11 September. The conference was a wonderful opportunity for medical and clinical experts from around Australia, and further afield, to share knowledge on the continuing threats of HIV, hepatitis and related diseases, so they might continue to fight the good fight while being better equipped to do so.

I'm certainly no medical professional. So, why was I there?

Since its inception in 1988, ASHM has morphed into a place where medical professionals can discuss the issues and social researchers can present their findings, allowing a more rounded picture of what it means to be a person with HIV. As I soon discovered, it appeared that many doctors and other associated fellows at the conference have a remarkable lack of knowledge on the social implications of living with HIV, just as many people (such as myself) have almost no knowledge of the medical and clinical aspects of fighting this disease. So, in the end, the aim of the ASHM conference was for everyone there to become more rounded, understanding individuals when presented with HIV and related illnesses.

If I discovered one thing above all else at the ASHM conference, it was that research is key. Do not expect to hear any findings based on whims, social knowledge or the like. We need numbers, people!

As a newbie without a first-class honours degree in statistical analysis, the week began with the daunting process of trying to figure out what the hell these so-called 'professionals' were going on about. The English language we all

know and use appeared to be thrown out for a new language of numbers, outliers, integers and so-on. In the end, I discovered it is a lot like Shakespeare. If you listen hard enough, you'll get the idea of what they are saying, even if you don't understand half the language. (I'm aware Shakespeare spoke English – even he wouldn't get iSnack 2.0!)

Once I began to get the gist of what they were saying, the conference turned out to be very enlightening. We heard from medical professionals about the new directions HIV research was heading and the discoveries that had taken place in the last few years. What I most appreciated were the social researchers presenting their findings.

There were talks on the HIV epidemic in Papua New Guinea, the high prevalence of HIV in South-East Asia among female and transgender sex workers, and the American response to the virus for gay men or men who have sex with men (MSM) in San Francisco. Closer to home, there was discussion of an education campaign run by the Cambodian population living in Western Sydney; an African Women's HIV Support Group, also out of Western Sydney; and dealing with HIV and adherence for people with learning and mental difficulties.

Frankly, over the course of the three days, there was so much knowledge on such a wide array of topics that it would be impossible for me to go on about them without boring you all to death, which, incidentally, was not covered at the conference.

Lance Feeney and Hédimo Santana, both from Positive Life, also attended the conference and presented on the work they've been doing in NSW. I must say it



David Cooper, Director, National Centre in HIV Epidemiology, opening the conference in the Great Hall

surprised even me how much work they both do! Their contribution to Positive Life and to people with HIV is invaluable.

I should note that it was Positive Life that gave me the opportunity to attend the conference, and I would like to thank them publicly for giving me the opportunity to do so. As one of the new guys to the sector, I found it to be a brilliant experience. It broadened my knowledge on things I had previously never thought about.

The ASHM conference will be held again next year. I'd encourage anyone who is able to go along. Of course, if you can't wait that long, you can download the webcast/podcasts of several of the plenary sessions from this year's event at www.multiwebcast.com/ASHM/2009/21st

The 2010 Australasian HIV/AIDS Conference is being held in Sydney, 20–22 October 2010. For more information, visit www.hivaidconference.com.au



A journey of discovery

Mizy shares her story of how living with HIV transformed her life and made her reflect on what it means to be a Muslim woman

I have been living with HIV for 11 years now and I am feeling great, living the life that I wanted. Yes, if I were to change a few things in my life, I would in an instant, but I can't and I have learned how to live with it.

As a young Muslim girl in Africa, I was forcibly circumcised with a category 3 circumcision at age six. This was carried out on three other girls in the back yard. Lining up together, we waited our turn while several adults restrained us on the ground carrying out the procedure with the same razor blade. This is still current custom in many parts of Africa, particularly in those countries with a strong Islamic faith, which kept me in ignorance.

I had an arranged marriage at the age of 12 and bore a son at the age of 13. I had four children with my first husband, who was well regarded and respected in the local community. He was a truck driver, away for many weeks at a time, and it was through him that I contracted HIV.

I came to Australia 11 years ago as a refugee and was diagnosed with HIV in the Villawood Immigration Detention

Centre. I also had a serious chest infection. I was informed by my doctors that I would not have survived several more months without the intense medical intervention I received. My prognosis in Africa would not have been so good. I consider myself fortunate that fate drew me to Australia and resulted in my present good health. I am forever grateful to the new life offered to me in Australia.

As you can imagine, I was devastated with the diagnosis and could not accept the news for many years. As a Muslim woman, there is much stigma and discrimination attached to an HIV diagnosis. This community can be unforgiving, despite the circumstances in which I contracted the disease or whatever my current predicament may be. I was a practising Muslim, which demanded that I be dutiful and obey the demands and wishes of my husband and father; putting my needs, hopes and dreams secondary to theirs. Living in Australia, I realise I can live my own dreams and work towards the ambitions and goals that are important to me.

I consider myself fortunate that fate drew me to Australia. My prognosis in Africa would not have resulted in my present good health

So what went wrong here? Or what did I do wrong to deserve this? All these things went through my head. I could not get the answers. I blamed myself for being a bad girl, a lousy wife or a bad Muslim. I felt responsible for what was happening in my life; my faith told me that I was being punished by God for not obeying his orders. I knew there were many challenges

ahead of me, but how would I deal with this diagnosis? At this time, I knew how I got infected but who would believe me and how would my family react to me? These were some of the questions running through my mind.

Even as a little girl, I often questioned my religion and culture, which dominated my life. I sensed that the ideas and rules which were intended to be obeyed unquestioningly were somehow not right for me. Questions I raised with important adults around me were met with derision and ridicule and were interpreted to be blasphemous. I often got in trouble with my parents and punished for things I said or questions I asked.

Years went by, many things happened, marriage, children, family, community and diagnosis. I had to process my thoughts through the many feelings I faced and then have the courage to find the answers on my own. Finally, with no family support except the love I drew from my children and the strong love I have for my mother, I was motivated to keep going and I chose to stay alive. I realised that it isn't my fault or anyone else's. If a finger needs to be pointed, I blame my culture and religion. These realisations gave me a completely different perspective.

Being HIV positive gave me the ability to see my religion and culture from a different perspective, enabling me to cross boundaries which I may not have done otherwise. Sometimes I even think that HIV was a blessing for me, because I stepped out of the confines of the life I had and began to see the beauty of life around me.

I realised that my religion and culture hadn't served me well and wouldn't do so. Needless to say I have turned my back on this paternalistic faith that I believe is denigrating and harmful to women.

As a woman, I believe I was meant to live my life free and not forced to adhere to strict rules handed down by men. In my country, this meant I was forced to consummate my marriage at age 12, which is considered paedophilia in many countries. I was meant to be here. I can make my own decisions and can choose who I want to live with and share the rest of my life with.

This journey took me to support groups such as Positive Heterosexuals, Positive Living Centre, ACON, BGF and African

Women's Support Group, all of which have been very supportive and great organisations for people living with HIV. With their support and my great doctor, I have gained self-confidence and trust myself once again. Through the events provided by these organisations, I have met many people of all kinds and have made many friendships. Thanks to these groups.

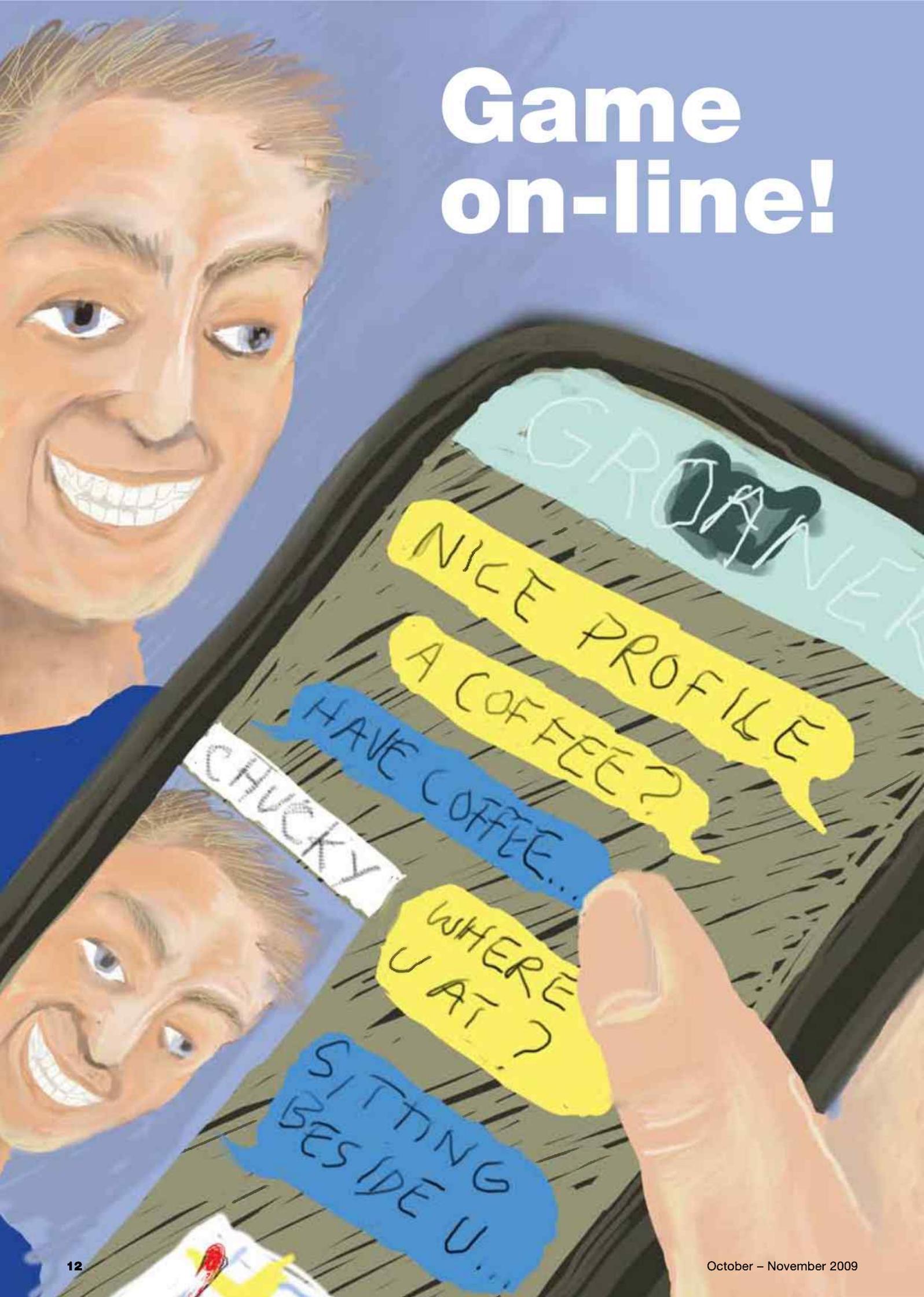
Being HIV positive gave me the ability to see my religion and culture from a different perspective, enabling me to cross boundaries which I may not have done otherwise

I know that I am not alone. My conclusion is that my being here has given me a purpose.

Mizy received encouragement and support to tell her story from PozHet. Positive Life would like to thank PozHet for putting Mizy in contact with Talkabout so that we could share her story.

For information and support, please visit:
www.pozhet.org.au
www.acon.org.au
www.bgf.org.au
www.multiculturalhivhepc.net.au

Game on-line!



Greg Page explores the evolution of internet dating and why mobile dating (or iDating) might be the next big thing.

Someone told me over brunch the other day that internet dating is over. I looked aghast. “You mean, if I go cruising for cock online at lunchtime when the boss has gone out, that I’m quite literally passé?” He raised his eyebrows and sighed, “No, darls, what I mean, is that no one’s doing internet dating anymore, everyone’s doing mobile dating.”

Yes, readers, things have truly moved on, whether you were aware of it or not. While video may have killed the radio star, it looks like it might be the iPhone that quite literally nails Gaydar and Manhunt in the butt. The hottest iPhone application (or ‘app’ in iSpeak) is Grindr, in case you weren’t aware.

Grindr allows you to set your location and find men keen to meet other men wherever you are. It takes the idea of instant dating to a whole new level. You could be sitting in a restaurant, switch on your Grindr, see if the hottie at the next table has his on as well, send each other messages, do the business in the toilets or under the table, and all before the bill comes. Now that’s a meal deal indeed!

Of course, Grindr will eventually be superseded by some other application, perhaps even some kind of TV/internet/mobile contraption that fits into your pocket and folds out to be the size of a plasma screen. Hey, we’re sure there are tech boffins in some distant laboratory already working on this.

Internet dating has been a fixture of the gay scene for at least a decade now, if not a little longer. If you want a good reason why no one goes out anymore, blame it on the gay dating sites. Why trudge all the way to a bar, spend your hard-earned dollars on alcohol and have a potentially messy night ahead of you, when you can sit at home, all nice and cosy and just order up a hottie (or hotties!) and have them delivered to your door?

Gay men have always been early adopters and when it came to dating online, we were well ahead of the curve. It’s only in the last few years that straights

have realised how advantageous going on something like RSVP can be. No more time wasting propped up against a wall waiting for Mr or Ms Right – this time you find the ones who have the same interests, the same sexual appetites and possibly even the same musical tastes as you. Very important, shoppers!

I know numerous couples who met online and are still together. I always poo-pooed the idea of meeting someone online for a serious relationship, but it keeps happening again and again to people I know. In fact, I found my last boyfriend in an online chat room, even though he was in Tel Aviv. We met when he arrived in Australia and managed to have a five-month relationship until the difficulties of having a long-distance romance finally kicked in.

Cybersex never got so good until it got Skyped

Can we mention at this point that Skype is perhaps the greatest invention since the internet itself? Every night you can have amazing sex with the most gorgeous men from places as varied and far-flung as Caracas, Toronto, Capetown, Dubai and even Melbourne. Forget chatting and waving to mum and dad back home – cybersex never got so good until it got Skyped.

Little wonder that every gay bar on Oxford Street is turning straight or, even worse, mixed these days. The best thing of all is that no one asks your status, no one cares if you cum in their mouth (because there’s a cyber wall between you) and you don’t have to make them breakfast either.

Online dating for HIV+ guys also got a lot more interesting in recent months with the

arrival of two new sites: www.pozvibrations.com and www.beonecity.com.

Beonecity even managed to score a big plug in gay glossy magazine DNA promoting “hot HIV+ dudes”, unfortunately the problem with this “global positive community” site is that all the hot dudes live in Nebraska or Baltimore and are not exactly handy.

The more hardcore fetish sites like Recon and the various bareback dating sites obviously attract a lot of interest from HIV+ men, but from experience many people on these sites are a tad on the unreliable side, the pictures are often either doctored or taken 30 years ago and yes, as has been the case for me personally, they’re high when you meet them. Such are the drawbacks of cyber dating.

Most of the mainstream gay sites ask people to either reveal their status (giving no answer or omitting it is usually taken as a sign of acknowledging your HIV+ status, incidentally) or ask you to make a statement about where you stand on safe sex (Most of the time? Always? Never? When appropriate?). Perhaps the site that best puts things in a modern perspective is gay Israeli dating site Atraf, where members can add a little red ribbon on their profile to show they are ‘HIV friendly’. It would be nice to see some of the big dating site players locally and internationally taking a similar stance. This might go some way to eliminating the need for a number of HIV-negative people to write in their profiles that they are ‘clean’ and only looking for ‘clean’ partners (read: very HIV unfriendly).

Like the internet, and the world itself, internet dating isn’t going anywhere but appears to be fragmenting and moving into more and more niche groups. Men who like men who like panties! Guys into guys with pierced scrotums! Or, my favourite, Guys with iPhones, which is actually a real site (guyswithiphones.com). What will they think of next? Whatever it is, the gays will be on to it. You read it here first!

7₂9 HIV positive and getting on with it?

Would you like to meet with other gay men living longer with HIV?

729 is a social discussion night for you!
Thursdays, monthly from 7pm

Contact Hédimos on 9361 6011
Email: hedimos@positivelife.org.au

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After Hours
snax
chat
chill

Have you been diagnosed HIV+ in the last few years? Want to meet with other newly diagnosed gay men? After Hours is a drop in night for you!

When: Thursdays, monthly from 7pm
Contact: Hedimos on 9361 6011
hedimos@positivelife.org.au

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Sex and sero sorting

pos-pos sex

What are your experiences?

Creative workshop
/making **videos**/writing/telling your story
/learning new skills/meeting new people...

Work developed will be used for our new online campaign
If you are interested please call Kathy 9361 6011 or email kathyt@positivelife.org.au

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Heterosexuals living with HIV and the Swiss Consensus Statement

Asha Persson discusses the impact of the Swiss Consensus Statement for heterosexuals living with HIV.

It's been widely accepted for some years that effective antiretroviral therapy makes people with HIV less infectious and reduces the risk of HIV transmission.¹ But last year, the Swiss Federal Commission for HIV/AIDS took this knowledge one decisive step further when they released what has become known as the Swiss Consensus Statement. This statement concludes that people with HIV who are on treatment *cannot* transmit HIV through sexual contact provided they: have had an undetectable viral load for at least six months; are under medical care and regularly monitored; are strictly adherent to their HIV medication; and have no other sexually transmitted infections.

Under these conditions, according to the Swiss Statement, people with HIV are sexually *non*-infectious and can safely have unprotected sex with their regular

HIV-negative partner.² Contradicting 25 years of HIV prevention messages, the Swiss Statement sparked a polarised and ongoing international debate. Critics called it a 'disaster', challenged its scientific validity and emphasised its lack of conclusive evidence, while supporters argued that it might encourage HIV testing and treatment uptake, reduce stigma and exaggerated fears of transmission, and make it easier for HIV-discordant couples to have children.³

One key concern is that the Swiss Statement will be misinterpreted to imply that everybody who is on treatment can have unprotected sex or even be used as an excuse to have 'unsafe sex'. Therefore, leading HIV/health organisations in the US and Australia have warned against any departure from the traditional emphasis on condom use as the single most effective method for preventing HIV transmission.⁴

Given these concerns, it is useful to reflect on what relevance the Swiss Statement may have in the lives of those concerned. I do so by drawing on the Straightpoz study, a qualitative, longitudinal cohort study, which includes

heterosexual men and women with HIV, as well as HIV-negative partners in NSW. Interviews were conducted in 2004, 2006 and 2009, so both before and after the release of the Swiss Statement.

Interviews in 2004 and 2006 revealed that unprotected sex was relatively common among HIV-discordant couples, a finding consistent with international studies. Most couples who practiced unprotected sex relied on a range of alternative risk-reduction strategies. Although prior to the Swiss Statement, some couples already drew on similar understandings of undetectable viral load and reduced risk, with the difference being that they believed undetectability made a positive partner *less* infectious, rather than *non*-infectious as claimed in the Swiss Statement.

I'm lucky at the moment, touch wood, because my viral load is undetectable and my count is good, so there's even less risk of passing it along. – Lydia, 44, positive

In most couples who had unprotected sex, the positive partner was on treatment and had an undetectable viral load. However, not all positive partners who had an undetectable viral load had unprotected sex. Nor did any couple state that an undetectable viral load was their reason for having unprotected sex. Indeed, it was difficult to ascertain to what extent an undetectable viral load drove unprotected sex or to what extent it worked to reassure couples that what they were already doing was relatively safe.

In fact, unprotected sex appeared less driven by calculations of risk, than by complex dynamics around gender, intimacy, reproduction and a desire for 'normality'. One negative partner explained why he did not want to use condoms:

Basically I love the woman ... and I just want to have a normal relationship ... We talked about it and I said, 'Well, look, you know, I just want us to be as we are and I don't want to mess around with all this rubbish'. – Gabriel, 44, negative

These findings are explored at length in the second Straightpoz report, which is available for free online at <http://nchr.arts.unsw.edu.au/pdf%20reports/Straightpoz2.pdf>.

Interviews in 2009 revealed that hardly any participant had read, heard or been informed about the Swiss Statement. In the interview, all participants were given information about the Swiss Statement and articles outlining the debate. Most found it very interesting. But, regardless of their own sexual practice, nearly all were sceptical of its prevention message, and described it as having little direct relevance to their sexual decision making. Most argued they would need a lot more evidence before they believed its claims or, in the case of those who had protected sex, before they would consider changing their sexual practice.

For me personally, I'd have to see hard-core proof before I'd even consider it. – Angus, 55, positive

I would not take the risk, like even if they say that. Like, where's the proof? ... Even if I told my husband that, he would be very scared of it. – Zoe, 28, positive

I really couldn't [have unprotected sex] unless it was guaranteed ... If in six months time they say "Yes, every HIV scientist in the world agrees", I'd think about it ... But not til then. – Tobias, 55, positive

Most participants had a good understanding of what an undetectable viral load meant; that the virus was still in their blood, but below the level of detection with current technology. Most claimed to understand the logic of the Swiss Statement, yet many had difficulties grasping the concept of non-transmissibility, the idea that a person with an infectious disease could somehow become *non-infectious* under certain circumstances.

If you've got the HIV, then I can't see how it can't be passed onto someone else, even though the viral load might be undetectable. – Grace, 68, positive

A part of me says I'm still infectious. The reality is I've got HIV. And HIV can be transmitted by unprotected sex. – Tobias, 55, positive

We've been conditioned – well brainwashed, really – to think that even if we are healthy and have an undetectable viral load, we are still infectious. – Denise, 50, positive

Some participants raised the issue of viral spikes, saying that even if they met the conditions in the Swiss Statement, they could not be certain at any given moment that their viral load was undetectable. But while most were circumspect about the Swiss Statement's prevention message,

many also commented favourably on its potential to de-stigmatise people with HIV.

If that does become the rule, it may lift some of the stigma; that it's not such a big deal that someone's got HIV. I know that it's not that easy to catch. It's a very fragile virus. But the general population don't know that. They don't understand that. They hear HIV and they go, "Oh my god! It's a death sentence!" ... So if the Statement becomes more acceptable, it might make a difference. – Claire, 42, negative

The person with HIV is probably still seen as the big baddie, in a way ... So if this is proven, it'd be great. – Denise, 50, positive

But some also raised concerns that the Swiss Statement could potentially backfire on positive people if they started acting on it and it turned out not to be true.

HIV people are in so much pressure and so much fingers pointed at us, that we cannot risk jumping into new things like this at the click of a finger ... I mean, we're just trying to get past the point of not being discriminated against. And we don't want to muck it up. Yeah, we need more info in order to practice what this research is telling us... Us HIV people, we cannot take that risk ... You'll still get some media who'll jump onto it straight away, and they're always going to fuck it up for us ... So as huge as [the Statement] is, we need more info. – Ratu, 45, positive

While decidedly cautious, many participants also described it as "really good", "happy news", "great", "fabulous", "excellent", "brilliant", adding that it gave them a feeling of hope, while some also welcomed its potential to encourage debate about a more realistic and diverse approach to HIV prevention.

I think it would help people breathe a sigh of relief who think they are doing dangerous activities to people they care about. – Corey, 50, positive

Excitement and hoping that it's true and there is more evidence to prove it ... It will help in our personal life and relationship, and it will help to reduce the fears down. So it's very, very positive and exciting news, overall, for us, for me and 'Ruby' ... [But] until I see some evidence, it's a bit early for me to practice sex without protection. It's a bit too early for me to accept it ... But it does open my thinking to that direction, yes. – Vikram, 29, negative

I think it's sort of definitely good. Because if that is a very true

thing, then I can be more hopeful, you know, to have a family. That's what I hope for. – Narayan, 34, positive

Most participants were surprised they had not been informed by their HIV doctor about this new line of thinking, particularly couples who had encountered various problems when trying to conceive. In their view, a clinical discussion about the Swiss Statement could have provided another reproductive option to consider or helped alleviate excessive transmission fears among those who had resorted to unprotected sex.

I know that 'Carlos' has been undetectable for quite a while. Yeah, it makes it a lot easier for me to think about us having children. Before it was a bit difficult. Like the IVF and getting the sperm washed. We didn't know about that. Yeah, it's a lot less worrying. – Alice, 25, negative

Concerns that the Swiss Statement will be misinterpreted or used as an excuse to have 'unsafe' sex, have lead critics to argue that doctors should not pass on this information to their HIV patients. Though valid, these concerns are not borne out by the findings presented here. Participants' scepticism towards the Swiss Statement, regardless of their own sexual practice, suggests that sexual decision making is not driven exclusively by prevention messages or research. As Angus, aged 55, said about unprotected sex, "People do it all the time anyway, regardless. So yeah, statistics – they don't make any difference."

In the Straightpoz study, sexual decision making was shaped less by calculations of risk, than by complex and shifting emotions and relationship priorities. To illustrate, 32-year-old Mahmoud, who had had unprotected sex for several years together with his negative partner, resulting in two children, said about the Swiss Statement: "Well, we are living proof of it". However, this couple had recently decided to commit to protected sex. The Swiss Statement made no difference to their decision, they said, because they were

Come along to women's day at the Positive Living Centre

The third Monday of every month is a dedicated women's day at the Positive Living Centre

Informal drop in is from 10 am onwards

For more information call Samantha Fieldes at ACON on 9699 8756 or email family@acon.org.au or see www.acon.org.au



no longer prepared to “gamble”. Lowanna, aged 27, explained, “I’ve got so much to lose now. I’ve got this tribe that I need to look after.” Mahmoud added, “You can’t take that risk, that one in a million could be you.”

While almost all participants were unaware of the Swiss Statement prior to the interview, their cautious response when hearing about it is consistent with a survey among patients in several Swiss HIV clinics, which indicated that the Swiss Statement produced less behavioural changes than previously thought.⁶

These findings suggest that the Swiss Statement’s potential impact on sexual practice should not be presumed, but rather contextualised by a better understanding of its real-life significance. In this way, it may be of some benefit to people whatever their sexual practice. For couples who are committed to protected sex, information about the Swiss Statement may help alleviate anxieties in the case of condom breaks, while for couples who are already practicing unprotected sex, it may help them to do so more safely.

Asha Persson is a Research Fellow at the National Centre in HIV Social Research, UNSW. The Straightpoz study is conducted by the National Centre in HIV Social Research in collaboration with the Heterosexual HIV/AIDS Service NSW (Pozhet). All personal names have been changed.

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Planet Positive

a social night for HIV positive people and their friends

When: Friday 27 November from 6pm to 10pm

Where: back of the Carrington Hotel
563 Bourke Street, Surry Hills

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HEALTH & WELLBEING

World AIDS Day



World AIDS Day will be held on Tuesday, 1 December, and the NSW World AIDS Day (WAD) project is focusing on raising general community awareness of HIV. Based on the theme 'HIV is still here', the campaign has been built around the transmission myths revealed in the Galaxy Survey on young people's attitudes towards HIV.

'HIV is still here' aims to increase awareness that HIV is preventable, improve knowledge of transmission modes, raise awareness and knowledge in health care workers, and remind the community that HIV-related stigma and discrimination still exists.

There will be a number of activities happening throughout NSW during the lead up to World AIDS Day. A cinema version of the AIDS Trust of Australia's community service announcement will screen in more than 30 cinemas in rural NSW and area health services are organising displays and red ribbon stands in participating cinemas.

Health workers throughout NSW are organising activities such as street marches with people with HIV from Australia and Africa, while there will be special movie screenings, international food festivals and more.

You can find more information at www.worldaidsdaynsw.org

Community Grants Program

NSW WAD is funding 10 Community Grants for non-health-funded organisations throughout NSW. More than 25 applications have been received for the \$1,000 grants designed to support projects held during AIDS Awareness Week (23–30 November) or on World AIDS Day. Applicants were encouraged to develop projects that increase awareness and understanding about HIV and HIV transmission, and



encourage people to think about the choices they make in relation to preventing transmission of HIV.

Priority was given to innovative and creative projects that engage homeless young people; gay, lesbian, bisexual and transgender young people; young people in correctional facilities; Aboriginal young people; and young people from culturally and linguistically diverse backgrounds, as well as health and youth workers. Grant recipients were announced the last week of October (after going to press).

Positive Life Media Project: Living with HIV in 2009

Raising the profile of HIV in the mainstream media is an ongoing challenge. NSW WAD and Positive Life have been working with people with HIV to help them share their stories of living with HIV. Speakers were recruited, trained and supported to give them confidence in dealing with the media.

It is hoped a number of personal stories of living with HIV will appear in mainstream press and broadcast media.

International program

The World AIDS Campaign chose the theme of 'Universal Access and Human Rights' for its 2009 campaign. The theme is represented in a series of posters and postcards designed to show the practical relevance of human rights and universal access for real people. Some of the key slogans include 'I am accepted', 'I am getting treatment', 'Everyone deserves to live their rights' and 'Right to Health'.

Visit www.worldaidscampaign.org/en/ for more information.

The World AIDS Campaign Interagency for NSW has membership from across the health and HIV sector with the aim of partnerships, cross fertilisation of ideas etc. The Interagency is Chaired by Positive Life NSW. Members include ACON, SWOP, ASHM, NSW Health – Dept and Area Health Services, Twenty 10, Family Planning, Multicultural HIV/AIDS & Hepatitis C Services.

New treatment for lipo (buffalo hump)

If you are experiencing lipo (buffalo hump) there is a new treatment involving liposuction treatment.

Discuss this treatment option with your treating GP and ask for a referral letter to Dr Kenneth Lee, Plastic Surgeon for an assessment.

Dr Kenneth Lee is located at Briggs St Medical Practice, 54 Briggs St, Camperdown Sydney.

Call 9565 1799 for an appointment.

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If you are concerned about the health care provided to you, talk to your provider or call the Health Care Complaints Commission toll free on **1800 043 159** for a confidential discussion.

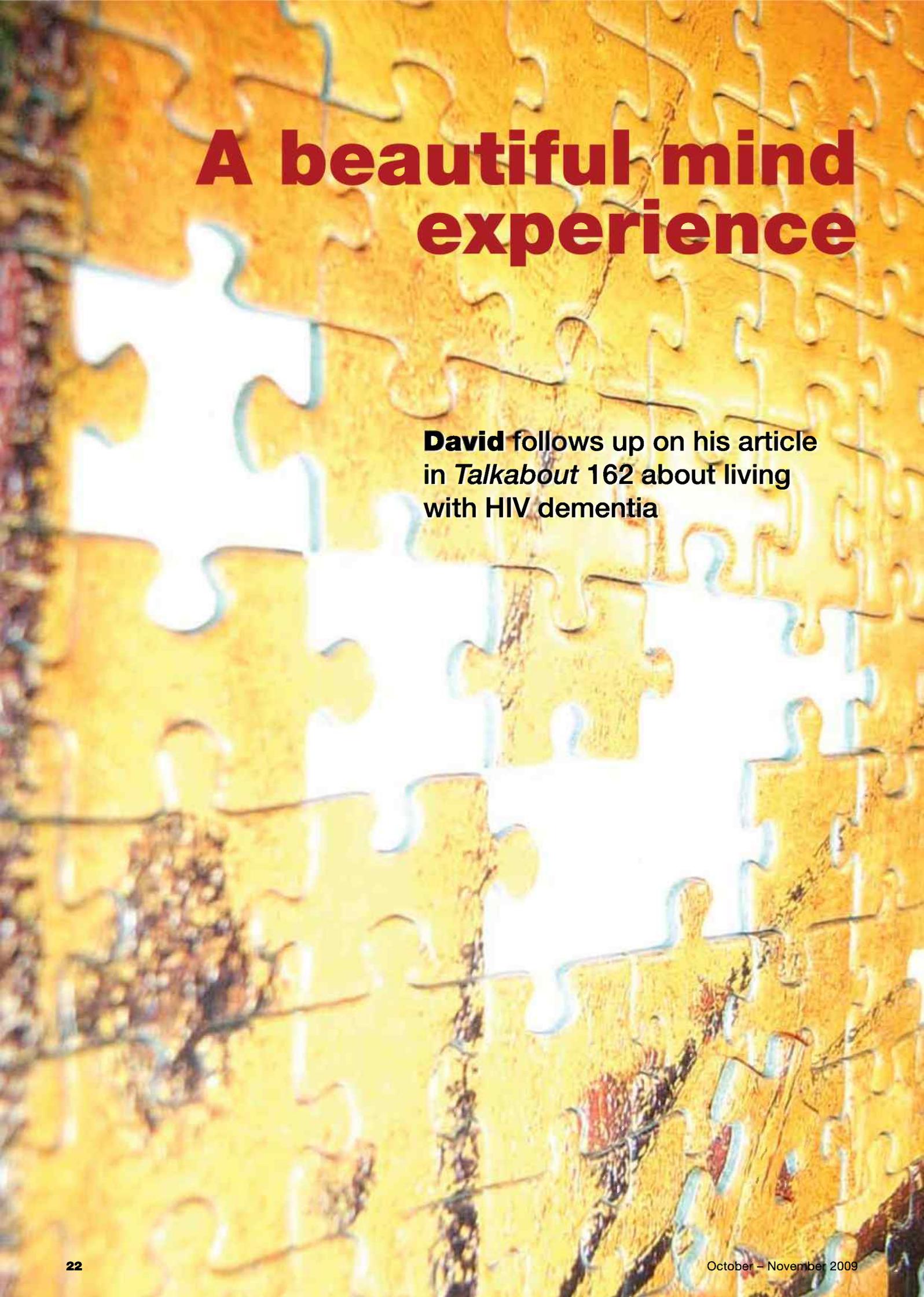
For more information about the Commission visit www.hccc.nsw.gov.au


HEALTH CARE
COMPLAINTS
COMMISSION



Having just vacuumed the flat
Michael proudly typed 'yes' when
asked if he was 'clean'...





A beautiful mind experience

David follows up on his article
in *Talkabout* 162 about living
with HIV dementia

Since my last article in the April–May edition, I have been on brain-penetrating antiretroviral medication for close to 12 months now. The change in the clarity of my memory and thinking has been remarkable. But all has not been smooth.

After a favorable neuropsychologist's assessment and the okay from my neurologist, I embarked on a staged return to work which I planned with my health care professionals, my supervisor and human resources manager. I was pretty much in control and at the beginning the half days were taxing. But as I built up the hours my energy and motivation returned.

I said goodbye to Centrelink, though I still have some benefits in place and can return to them if something goes wrong over the next 12 months. I have to say that they have been very supportive.

There was something very sinister afoot and I didn't notice the signs of what was really happening

There was a sense of relief and pride in being able to pay the bills and still have some money left in the bank and not having to dip into my savings. My lifestyle was returning along with my motivation and enthusiasm. Going to the gym was no longer a struggle, bills were paid on time, I contacted friends for dinner, ran my mother's business

and rolled out the big guns at work. I was on a roll.

However, there was something very sinister afoot and I didn't notice the signs of what was really happening. The signs were subtle at first. I was sleeping a little less each night, which wasn't a problem given that I had been sleeping 10–12 hours, waking up stuffed and then sleeping for one to two hours in the afternoon before I started treatment. I started taking half a sleeping tablet, which helped a bit. I woke up just 'fine', the first sign something was wrong.

Then I wanted to 'save the world'. I started stalking people I worked with who had spoken disrespectfully to me at meetings or in front of customers. I yelled and swore at a worker who had spent my budget and left me nothing to work with and I protected all the people who had been bullied in my team while I was away. In retrospect, I would do all these things, but not by coming in with a Gatling gun, Howitzers and laser-guided missiles as if I was at war.

My partner and I had a monumental fight, a screaming match that put the cat under the sofa and the dog shaking in his kennel. Subsequently, this taught me something about respect and caring – a revelation for a nurse. The weekend before it all came crashing down at work, I was up all night writing copious notes. At 2 am Sunday morning, I took half a sleeping tablet and went to bed. At 5 am, I woke up and put statistical formulas into the computer in Excel and came up with a theory for my PhD. My work colleagues and academic friends have been encouraging me to do this for about two years. I have my PhD topic now. I went back to bed for a short sleep then met a friend for coffee. What we were joking about probably wasn't as funny as my pressured laughter may have reflected.

Sunday night I took another half of a sleeping tablet, got up at 6 am and arrived at work by 7.30 am where I put the finishing touches on my formula to save the world. By lunch time my head felt like it was ready to explode and I got one of those 'you've lost it' looks from one of my colleagues. I suddenly became scared and frightened.

I decided to call my neurologist and got an appointment for Wednesday, and

then contacted my counsellor and GP and got appointments with them also. I needed people around me that I could trust and who knew me.

Discussing my mental health plan with my partner, family, friends and boss was important ... after all, it will be these people and this plan that will keep me well

I learned that I had experienced a mild form of mania known as hypomania. The signs and symptoms were all there, but no-one recognised them. I was feeling great and was very productive, but I was not sleeping, had fast speech and became intolerant and easily frustrated. I also had grandiose ideas like saving the world and began communicating with inanimate objects.

Each of us with HIV has the potential to experience something like this. It will possibly be different to my experience, but there are some common signs like those I experienced, as well as racing thoughts, poor judgement, spending sprees, abuse of drugs and aggressive behaviour. Your friends may think you are out of character with no explanation (eg mind altering substances). You may also deny that anything is wrong and may forget what you have done. If any of this happens to you, talk to someone you trust and see your GP.

I was fortunate that I was able to remember everything I had done. I told

my boss I have done much worse, but never at work and that I was very embarrassed. She replied, "That office has seen much worse," which intrigued me. Most importantly, I now have an experience that helps me to relate to what it is like to have dementia and now a psychosis.

Prior to this episode I had a will, power of attorney (POA) and appointment of enduring guardianship in place. What I didn't have was a plan for people so they knew what to do if they thought I was losing it or lost it completely. I have since developed a list with the contact numbers of my professional carers and POA and their contact details as a kind of mental health plan in case anything like this happens again. I discussed this plan with my partner, family, friends and next door neighbors, one work colleague and most importantly my boss. After all, it will be these people and this plan that will help me keep well and reduce, hopefully, the risk of embarrassing myself again.

Postscript: It has been two months since this incident and I have been diagnosed with bipolar disorder. Currently, I am at the opposite end of the spectrum of mania and in a depressive phase. I now know what they mean by the 'Black Dog' as it has taken a mammoth effort to turn on the computer and put the final edit to this article.

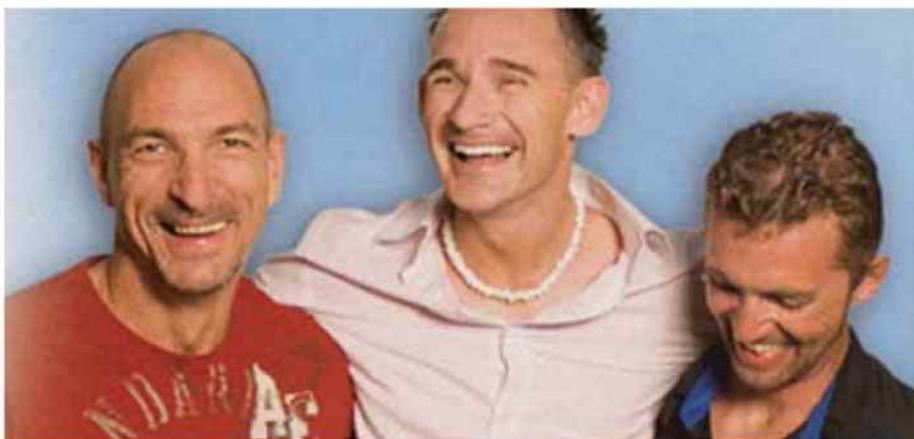
For more information on HIV and dementia or bipolar disorder, talk with your doctor.

Other helpful resources include:

AIDS Dementia & HIV Psychiatry Service (ADAHPS),
tel: 02 8382 1810, www.health.nsw.gov.au/adahps

www.thebody.com/treat/neuro_dementia.html

www.thebody.com/content/living/art6293.html



Genesis

A safe, supportive weekend workshop for gay men diagnosed with HIV within the last two years.

11–13 December 2009
ACON's Positive Living Centre

Genesis is designed to help you make sense of the range of issues confronting you after diagnosis. It gives you a chance to meet other guys in the same situation as yourself. This happens in a totally safe, confidential and supportive environment.

This weekend workshop gives you the opportunity to:

- Explore HIV and its impact on your life expectations
- Understand how HIV and your immune system work
- Get an overview of current and future treatments
- Understand HIV and its impact on your health, sex life and relationships
- Work out who to tell about your status and when to tell them
- Plan for the future
- Access services in the community.

Genesis is a collaboration between ACON and Positive Life NSW.

"Thanks to a caring, sensitive and fun program that nurtured me through a very difficult time ... I still cannot stop spreading the word of what a great and important help it was to myself and the other newly diagnosed guys ... To those who are newly diagnosed, I can only say that I could now not imagine not having done Genesis. It helped me see a clear path to the rest of my life LIVING! With HIV." – Paul, July 2009

Contact: ACON's HIV Men's Health Promotion Team
Tel: (02) 9699 8756 **Mobile:** 0439 959 119
Email: hivliving@acon.org.au

AFFORDABLE VITAMINS & SUPPLEMENTS

The ACON Vitamin Service provides quality vitamins and supplements at discounted prices to help maintain and improve the health of people with HIV.

Popular products include spirulina, zinc, co enzyme Q10, selenium and a range of nutritional supplements.

To access the service, you need a letter or ACON vitamin 'script' from your dietician, GP or complementary therapist indicating the vitamins or supplements that suit your needs.

Visit www.acon.org.au/hiv/Vitamins, email plc@acon.org.au or call 9699 8756 for more information.

Fresh fruit & vegetable delivery

If you are living with HIV in the City of Sydney and surrounding suburbs, you may be eligible to have fresh fruit and vegetables delivered to your home for just \$9 a box.

The box has about 30 pieces of fresh fruit and/or vegetables and is delivered each week or fortnight.

The service is also available for older people, people with disabilities and carers, and those who need assistance living independently at home. You must be assessed for this service and places are limited.

Please call 9699 1614 or e-mail coordinator@fdn.org.au for more information or a client assessment.

The service is provided by the Food Distribution Network, a not-for-profit organisation funded by ACON, the Bobby Goldsmith Foundation and Positive Life, as well as the HACCC program.

Living in South Western Sydney?

As part of a broader consultation on some of the services for PLWHA, Sydney South West Area Health Service wants to talk to people who live, work or study in the Campbelltown, Liverpool, Fairfield, Bankstown, Camden and Bowral areas and receive HIV treatment and/or support services outside the area.

Would you prefer to get services locally?

Does traveling for services work well for you?

Are there services you need but do not have access to because of where you live?

Positive Life NSW is hosting a discussion over a light supper to bring together people who live in the South West and would like to share their stories on service provision.

**6.00–7.30 pm, Wednesday, 18 November
Positive Life NSW
Level 1, Suite 5, 94 Oxford St, Darlinghurst**

RSVP essential. Please phone Renee Lovell on 9395 0444 to book or for more information.

A token of appreciation (\$45 voucher) will be provided for your attendance.

The joy of pets

Today I lost my Lucy



Today I lost my Lucy, my Mooku, my darlin' girl. I wasn't ready yet but you never are.

Time had moved too quickly on us.

Fourteen years ago my partner died, 14 years ago his sister sent Lucy into my life.

From the day we first met and she knew that here, with me, would be her home, we became inseparable. I went nowhere without her. All she ever wanted was to know where I was and how I was; was I safe, was I happy and "could you feed me please?" For the times she couldn't come with me, we had our code word, "wait-a-while". It meant "won't be long, stay here, I'll be back, I promise you." And from that spot she wouldn't move, not til I was back. So it is that I feel this pain of an endless and unrewarding separation.

Our life together began at the beginning of my own journey of grief and recovery from the loss of my partner, Matthew. She was my light, all the way, guiding me onwards. A year after Mathew's passing, Lucy and I closed up home, moved our shackles into storage and set off on a trip of a lifetime, driving

anywhere and everywhere, just nowhere we've been before. Something Matthew and I often did.

Lucy was yet a young and careless loving puppy and needed some watching over. She'd see water and she'd jump on in without any sense of fear. One time it was a swollen, flooding river. I went straight in after her as she floated off backwards downstream; we both nearly lost our lives. Another time, pulling up on the Great Ocean Road for the view from the breathtaking heights of the plunging headlands, she saw the ocean way below and took the fancy and stance to jump on in. "Noooooooooooo!" I screamed at her, "Get in the car! Now!" And then we were outta there. She soon grew to learn to better judge distance and to stay close by my side.

For that year, we lived in the back of our trusty station wagon, the two of us, anywhere we found along the way to pull up for a night or two, or a week or more. One time, sleeping in a forest with the tailgate down, Lucy slipped off for a look around while I slept. I woke up to this thumping noise, a rotten smell and Lucy's fat ass in my face. She was pulling in a

dead kangaroo. She must have thought, "this'll feed us for awhile". She was very disappointed that I wouldn't let her keep it, she was so proud of what she'd found for us.

Lucy was more outgoing than me, the first to make friends and to bring other people into our life

Along the way we sometimes stopped off with family, other people we knew or people we met who always welcomed us both. They took us in, enjoyed our company and gave us comfort. Lucy learnt to always be well behaved for other people, never to fight with their dogs or

chase their cats, and became very good at conning people with a cute look, a friendly smile and a wag of her fat ass. She was more outgoing than me, the first to make friends and to bring other people into our life. I made many good friends through Lucy's introductions. She was a winner and it got her many privileges denied to other dogs.

That trip instilled in Lucy that every day could bring a new excitement, a new possibility and that is how she lived the rest of her life and encouraged me to do so. In my times of depression, she would find the right balance between laying low for awhile and being undemanding. She would eventually give me the nudge, "C'mon now, time to get out. Let's go somewhere?" And we would.

And so it is with the passing of Lucy that I return to this place where it all began. Grief.

Once it enters our lives, it never seems to leave us – just momentary respite. But it's a powerful place. It's all

about love and what has been and you grow from all that you've experienced in the love. Lucy and I, we did it all. Our life together was complete. I was her



master but she was not my slave, she was my tireless friend. I gave her a place of freedom in the world and the same respect I would give to man or woman. She gave me encouragement and the strength to keep moving on: "If you see

an open door, go in with a smile, they might give you food!" and I will.

I leave with words no more true than from Lord Byron's 'Epitaph to a dog'.

*One who possessed Beauty without Vanity,
Strength without Insolence,
Courage without Ferocity,
and all the Virtues of Man without his
Vices.*

Lucy was born in Bundjalung country. Lucy and I featured on the cover of *Talkabout 113*, February/March (2001), welcoming in the first of many following features about our pets and their meaning in our lives. Lucy also starred as the spirit of Wanja in Ange Abdilla's short film *Wanja, Spirit of the Block's Aboriginal Community* (2008).

Tim Bishop
www.myspace.com/timbishop



The Global database on HIV related travel restrictions

There are many countries around the world that restrict the entry, residence and stay of foreigners who are HIV positive. These countries perpetuate stigma and discrimination against people living with HIV by singling out HIV as a "dangerous disease". This database lists country-by-country how each government of the world does or does not impose these outdated and discriminatory laws. While these restrictions are commonly referred to as "travel restrictions", the effect these laws have on individuals and families is more serious than this term may imply. Check out the Global Database on HIV related travel restrictions to learn more.

www.hivtravel.org



So can you cook? No 37

The tease on tea

Tim Alderman

It is a well-known fact to regular readers of my column that I am a full-on tea devotee. Yet, despite sounding as though I drink the whole spectrum of available teas, I am, in fact, more a black tea drinker than any others. I don't mind green teas as an occasional sip (I really love jasmine green and gunpowder), but as far as I am concerned nothing quite beats the guts and flavour of a good English Breakfast, a quality Assam or Darjeeling, or a good Nandana, Oolong or Ceylon black.

As somebody who was raised on 'Lan Choo' (mainly for the gift labels my mother used to collect from the top of the pack), my tastes in tea have certainly come a long way. I don't like herbal teas and I don't apologise for not liking them. I think it is a male thing, as I don't know any men who really enjoy herbal teas. I think the biggest put-off with them is that so many of them are based on chamomile, a herbal I really dislike because of its overpowering flavour. However, having said that, I don't let my personal tastes affect my sales pitch on our newly launched site [TeaCoffeeChocolate](http://TeaCoffeeChocolate.com.au) (www.teacoffeechocolate.com.au) where you will find a large range (and still growing)

of all teas, including large ranges of herbals and botanicals (I define a botanical as a tea with flowers in it).

The health benefits of teas have been much debated over the last few years. Although scientific research into the benefits of tea drinking is still on-going, I think few nutritionists and dieticians would deny the benefits derived from tea drinking. I think it is also important to emphasise the taste benefits of tea as well and I would not advise people to drink teas they don't enjoy just to gain a perceived health benefit.

Numerous studies have demonstrated the anti-cancer properties of antioxidant polyphenols. It is suggested that they reduce the risk of gastric, oesophageal and skin cancers, and drinking even 1–2 cups of tea a day can lower cholesterol levels. All *Camellia sinensis* leaves contain polyphenols, and the levels are only altered by the amount of processing they go through. Studies suggest that the higher levels are in white and green tea, though there is no drop in health benefits from drinking black teas.

As to teas such as Oolong (Wulong) being promoted purely as weight-loss teas, I have to say that I find it a bit

concerning that tea is promoted this way, often without advising people to consult with a health professional to obtain not only the correct information of tea, but to get the proper advice on healthy eating. Just drinking tea is not going to make you loose weight and you should be checked out for the underlying causes of weight gain.

Speaking of health issues, it is good to see HIV organisations promoting giving up smoking. I gave up 13 years ago and have no regrets. In fact, it is probably the best thing I ever did to get my health back on track, especially as someone who had AIDS – and survived.

Finally, I'd like to correct an editing error in the last column (So can you cook? No 36) which made it sound as though we had only got Ampy four months ago – it's amazing what a misplaced bracket close can imply – before getting Benji. We have, in fact, had Ampy for almost five years. And, just as a follow-on with Benji, he is no longer so skinny or mangy looking. He has turned into a beautiful dog and, surprisingly, is lapping up all the attention.

Now, for some light, healthy summer eating.

Vegetable Cassoulet

1 tablespoon olive oil
1 leek, sliced
3 carrots, chopped
3 celery stalks, chopped
4 garlic cloves, finely chopped
2 cans cannellini beans, drained
1 can borlotti beans, drained
3 lemon thyme sprigs
2 bay leaves
2 cups vegetable stock
Salt and freshly ground white pepper
Extra 2 tablespoons olive oil
Extra 3 garlic cloves, finely chopped
2 cups fresh white breadcrumbs
Extra 3 lemon thyme sprigs, leaves only
½ cup finely grated Romano cheese
Preheat oven to 180°C.

Heat oil in a large heavy-based pan, add leeks, carrots, celery and garlic, and cook for 3–4 minutes or until soft. Add cannellini and borlotti beans and stir to combine. Add lemon thyme, bay leaves and stock. Season with salt & pepper, then simmer, uncovered, for 10 minutes.

Transfer mixture to a 6-cup capacity ovenproof dish. Heat extra oil in a heavy-based pan, add extra garlic and breadcrumbs and cook, stirring, until pale golden. Remove from heat, add extra lemon thyme and Romano cheese, and stir to combine.

Spread breadcrumbs on top of beans and vegetable mixture, and bake for 10–12 minutes or until top is golden and crisp.

Serves 4

Roast Sweet Potato & Feta Salad

½ cup flaked almonds
1kg orange sweet potato (kumera), peeled, cut into 3mm pieces
Olive oil spray
Salt & freshly ground black pepper
150g baby rocket, washed, dried
150g Persian feta, or any marinated feta

Balsamic dressing

2 tablespoons honey
2 tablespoons balsamic vinegar
¼ cup extra-virgin olive oil

Preheat oven to 220°C. While the oven is heating, put almonds on a tray. Put in oven and cook for 4–6 minutes or until toasted. Set aside.

Line a large roasting tray with baking paper. Put sweet potato on tray, spray with olive oil spray and season with salt & pepper. Roast for 40–50 minutes or until golden and tender. Set aside to cool.

To make balsamic dressing, combine all ingredients in a screw-top jar. Shake to combine. Remove lid. Microwave on high for 10 seconds to melt honey. Replace lid and shake again.

Arrange rocket on a platter. Scatter over the sweet potato. Crumble over the feta and sprinkle with almonds. Pour on dressing and serve.

Serves 4

Pear, Prosciutto and Parmesan Salad

2 tablespoons brown sugar
2 teaspoons water
½ cup walnuts
3 firm, ripe pears, halved, cores removed
2 tablespoons red wine vinegar
½ teaspoon Dijon mustard
Salt & freshly ground black pepper
½ cup extra virgin olive oil
200g baby spinach
10 slices prosciutto, torn into strips
40g parmesan, shaved

Preheat oven to 180°C. Line an oven tray with baking paper. Combine sugar and water in a small bowl. Add walnuts and toss to coat. Spread on prepared tray and bake for 8–10 minutes or until golden and caramelised. Set aside to cool. Break into pieces.

Peel 1 pear half, cut into chunks and put into blender or small food processor. Add vinegar, mustard, pinch of salt and pepper. Puree until smooth. With motor running, slowly pour in oil. Transfer to a bowl and set aside.

Cut remaining (unpeeled) pear halves into 1cm thick wedges and put in a bowl. Add spinach, prosciutto and parmesan. Pour over dressing and toss to combine. Scatter over walnuts and serve.

Serves 4

Banana & Raspberry Loaf

This is a really delicious loaf to have for a weekend breakfast (make it the night before) or as an accompaniment to morning or afternoon tea.



Butter, to grease and serve
2 egg whites, lightly beaten
2 large, ripe bananas, peeled, mashed
¾ cup brown sugar, firmly packed
¼ cup vegetable oil
1½ cups plain flour
1¼ teaspoons baking powder
1 teaspoon ground cinnamon
½ teaspoon bi-carb of soda
1¼ cups frozen raspberries

Preheat oven to 160°C. Grease a 14 x 21cm loaf pan. Line base and long sides with baking paper.

Combine egg whites, banana, sugar and oil in a bowl. Sift in flour, baking powder, cinnamon and bi-carb of soda. Fold together until just combined. Fold through raspberries. Spoon mixture into prepared pan.

Bake for 1¼ hours, until a skewer inserted comes out clean. Cool for 5 minutes in pan before turning onto a wire rack to cool completely. Slice, and toast if desired, and serve with butter.

Serves 6.



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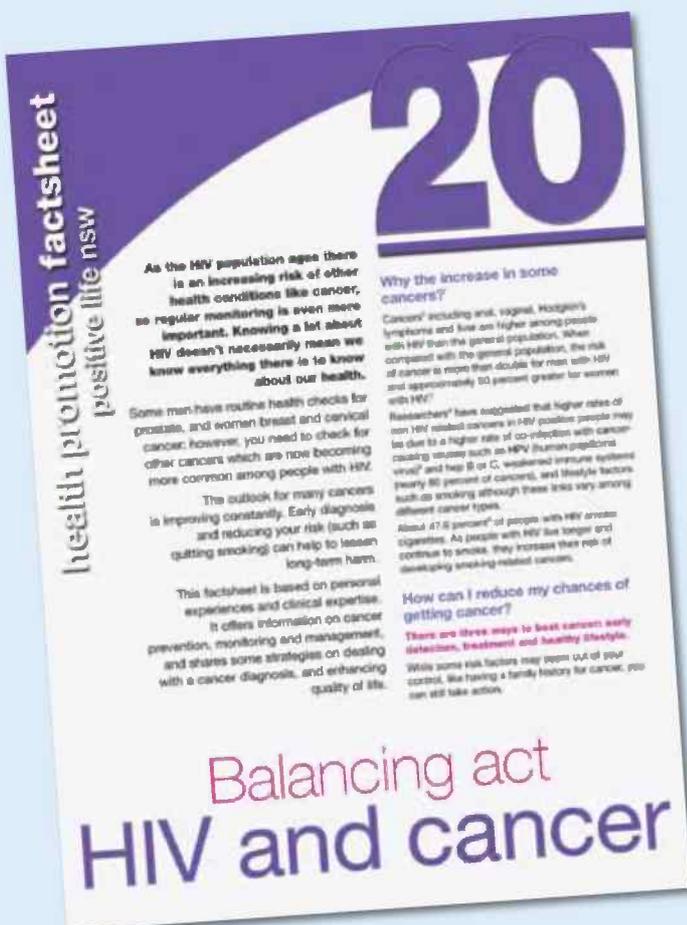
**For more information
call 8011 4995 or
Daniel 0407 270715**

changing the 'Face' of Living with HIV

Since September 1 Sculptra is available on PBS for the treatment of severe facial wasting (lipoatrophy) for people with HIV.

At this stage, the procedure for injecting Sculptra does not qualify under Medicare and therefore costs may vary from practitioner to practitioner.

**For more information talk to your GP
or email Lance Feeny,
lancef@positivelife.org.au or call
9361 6011 / 1800 245 677 (freecall)**



The risk of some cancers is higher for men and women with HIV, but there are ways you can reduce your chances of getting cancer.

By talking to your doctor and knowing the warning signs of cancer, you can better look after yourself. This includes making healthy choices that can lower your cancer risk and manage your HIV at the same time.

Health promotion factsheet No. 20 is based on personal experiences and clinical expertise. It offers information on cancer prevention, monitoring and management, and shares strategies for dealing with a cancer diagnosis and enhancing quality of life.

If you would like a free copy of our factsheet, please call Positive Life NSW on 9361 6011 or freecall 1800 245 677. You can also download the factsheet from our website by visiting www.positivelife.org.au/factsheets

Irish adventure

John Douglas explores the Irish capital and the beautiful villages of County Cork.



1



2



3



4



5

1 Merrion Square, Dublin

Near Oscar Wilde's old Dublin residence is this statue commemorating the poet, wit and playwright in Merrion Square.

2 Donkey Sanctuary, Mallow

Sheltered from the rain – the Donkey Sanctuary in County Cork houses and provides care for orphaned and abused donkeys. The organisation runs adoption programs and is always grateful for donations. Visit www.thedonkeysanctuary.ie/

3 St Finnbarrs Cathedral, Cork

The seat of the Bishop of Cork, the site of the current 19th century cathedral has been a place of worship since the 7th century.

4 Sunning

An old Irish tradition that never goes out of fashion.

5 Blackrock Castle, Cork

Blackrock Castle is a 16th century castle located on the banks of the River Lee.

The Irish capital of Dublin is more than 1,000 years old and evidence of its Viking heritage can still be found in the city centre.

Set on the River Liffey, the city is renowned for its colourful history, beauty and culture. Dublin was the site of the harshest fighting in the Irish rebellion of 1916 and the revolution of 1919–1921, resulting in the Irish Free State. The city has been home to some of Ireland's most celebrated free-thinkers including suffragette Constance Markievicz and gay playwright Oscar Wilde.

The greater Dublin area is now home to 1.6 million people and the city centre is alive with historic castles and cathedrals, museums and galleries, restaurants, pubs and clubs, and, of course, shopping. The city's gay scene stretches across the city from Chapel Street in the North to George Street in the South via Parliament Street in the Temple Bar district. If you happen to visit in June, don't miss Dublin LGBTQ Pride's 10-day pride festival, now in its 26th year, and the Dublin Pride Parade, which attracts nearly 5,000 people.

If it's rural pleasures you desire, you don't have to travel far. Dublin is surrounded by farmland to the north and west, and a low-lying mountain range to the south. County Cork is a traditional county that played a prominent role in the Irish revolution and subsequent civil war. It is an area of great natural beauty, particularly among the towns that cradle the Irish coastline.

In these photographs, John Douglas shares the historic delights of the cities of Dublin and Cork and the picturesque landscape of Cobh and Kinsale.



6

6 Gourmet Food Festival, Kinsale

The famous Kinsale Gourmet Food Festival brings revellers and admirers from all over the country eager to partake fine foods and imbibe copious liquids.

7 Stamp Out Stigma Ireland

Stamp Out Stigma – an organisation to help end discrimination against HIV-positive people in Ireland. Visit www.stampoutstigma.ie

8 Constance Markievicz Statue, Dublin

Constance Markievicz was a revolutionary nationalist and suffragette. Married to a Polish Count, Markievicz was active in the 1916 Easter Rising, and for her involvement was imprisoned at Kilmainham Jail and sentenced to death.

Her sentence ultimately was commuted to life in prison on “account of the prisoner’s sex”. She admonished the court, “I do wish your lot had the decency to shoot me”.

Released from prison in 1917, Constance went on to become the first female cabinet minister in Europe.

9 Sin

Only a few more steps to get there!

10 Kilmainham Jail, Dublin

Kilmainham Jail was built on the pretext that fresh air was beneficial to prisoners – for many years the windows remained open holes to the outside. In winter the walls were covered in leeching slime from the damp.

From 1796 to 1924, Kilmainham held many of the pre-eminent people involved in the Irish independence movement. The leaders of the 1916 Easter Rising were detained and executed here.

Today, the prison serves as a museum and occasional film set; *In the Name of the Father*, *Michael Collins*, *The 24 Movie* and *The Escapist* were all filmed here.

Visit www.kilmainham-gaol.com/

11 & 13 Cork coastline

The rugged coastline around Kinsale holds many caves and stories of adventure.

12 Forty Foot Baths, Dublin

Public nude swimming baths for those brave enough to expose all to the elements. It is located on a promontory at the southern end of Dublin Bay.

14 Temple Bar, Dublin

Known as the artsy part of Dublin, the cobblestone lanes follow the original medieval street pattern in this area on the south bank of the River Liffey. Temple Bar was the location for the first performance of Handel’s “Messiah” in 1742, and it is performed here on the same date each year.

15 Cobh

Cobh is a charming seaport in County Cork. The harbour was the departure site for Irish immigrants to the USA, and the final port of call for the RMS Titanic and the RMS Lusitania before their sinking. It was also the departure point for deportation to penal colonies, including Australia.

16 Glendalough Monastery, County Wicklow

A monastic settlement founded in the 6th century by St Kevin, a hermit priest.

17 Dublin Castle

Dublin Castle was built in the 13th century to protect the city from Norman invasions. It was the seat of British rule until 1922. Upon the creation of the Free Irish State in that year, the castle was formally handed over to the new Provisional Government.

18 River Liffey, Dublin

The River Liffey provides much of Dublin’s water and has been used for many centuries for trade; from the city’s Viking beginnings up to modern times.

For more information, visit:
 Tourist Office for Dublin, www.visitdublin.com
 Dublin LGBTQ Pride, www.dublinpride.org
 Gay Community News, www.gcn.ie
 Cork-Guide, www.cork-guide.ie
 Cobh Heritage, www.cobheritage.com
 Kinsale Chamber of Tourism, www.kinsale.ie

Photos: John Douglas, www.JohnDouglasArt.com

Inequality, prejudice, financial, workplace and healthcare discrimination. People living with HIV have to live with an awful lot of other stuff too.

It's time for it to end.

GHN combating the stigma associated with HIV.

Learn how to play your part at www.stampoutstigma.ie

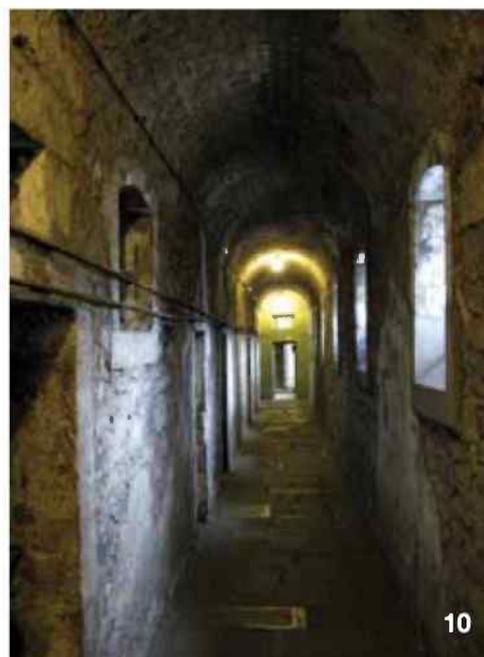
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8



9



10



Olga's personals

Men Seeking Men

Sydney Ryde Area. Male 42 HIV pos since May 2007. 70 kg, 5 ft 9 Passive submissive seeking a dominant top guy in 30s or 40s. I like straight acting guys with good builds and cut. Have a foot fetish and I like light bondage. **Reply 070108**

Country guy, 43, poz, 183 cm, 73 kg, slim build, hairy chest, non scene and working. Interests are country life, animals, gardening and markets to name a few. Seeking someone special and LTR. Might be sincere, passive, no time wasters. Prefer someone over 30 and NS. You never know until you have a go. **Reply 190408**

Nice guy 43 HIV+ eastern European bottom like to meet nice guy with good shape for LTR for good times, quiet nights and to be happy together. **Reply 090508**

Locked up and lonely! 31 yr old HIV+ guy in jail, looking for mates and more. 6ft 3, brown hair and eyes, ok looking. I'm DTE with GSOH. Into music, movies. Open minded and fun to be with. Want a pen pal and whatever else happens. **Reply 150508**

46, HIV pos guy SW Sydney would like to meet pos guys to 55 for fun times and with a view to a relationship. **Reply 100708**

31YO Kiwi guy living in Rooty Hill, NSW. I'm affectionate, passionate, good looks. HIV+ 5 years. Looking for a guy(s) to share good times with and life. Into honesty, easy going, sensual and sexually uninhibited people. Age, nationality and beliefs no barrier. I'm very open, strong and happy. ALA. **Reply 150708**

Newcastle, early 40s HIV+ seeking friends, relationship, partner with similar to 45. I have many interests: music, some sports GSOH. Live Alone. Genuine and versatile. **Reply 261008**

Sydney/Wollongong – Slim, good looking bottom guy, 50YO, 6ft tall, short hair, clean shaven, fully waxed body, affectionate, good kisser. Seeking top guy, clean shaven, slim to medium built, 45-65YO. Like a few drinks and a smoker. VTPR. ALA. GSOH. **Reply 081008**

Gay guy 40 from Queensland looking to relocate to Sydney, searching for new horizons, including a genuine source of friendship leading to life commitment. I am quiet, trustworthy, reliable, dependable – daring to be different from your typical gay male. **Reply 101008**

51YO, HIV+ 22years, 173cm, ACTIVE/versatile, FF top, tattoos & piercings. I am not just looking for play but for that 1-1 connection with mind & body. Sydney. **Reply 031108**

Central Coast, attractive healthy young 34yo, HIV+ 10 years, undetectable VL. My interests include gay tantra, yoga, transpersonal psychology. Looking for friends, relationship, and a partner under 40 with GSOH. ALA. **Reply 041108**

Kiwi male 38 HIV+ GSOH DTE living inner west, working, in great health, 198 cm blue eyes, black hair, average looks. Looking for friends/buddies/partner. Open to suggestions. If you want to know more, why not take a chance and drop me a line, nothing to lose, a great friend to gain, maybe more... **Reply 201208**

33 year old newly diagnosed looking for mates (maybe more?) under 50 yrs. I'm into healthy living, yoga, swimming, gym and love getting into nature. Like socially conscious guys with warm hearts and compassionate souls who embrace life. **Reply 231208**

+ve W'gong 30YO. Smart, good looking, loves nature, professional bttm ISO similar for whatever works (good times or LTR). Work in Sydney but prefer quiet life, would suit someone tired of things sceney and shallow. Nationality not important, chemistry is. **Reply 50108**

Friendly, passionate Greek/Aussie 164/79, 66 years old but well preserved and younger looking. Completely healthy A1 condition. Looking for mature guy – looks unimportant but good character and disposition a must. Still employed and planning a good and optimistic future (LTR). Loves kissing, hugging and close intimate sexual encounters. Broad interests and curious about most things. Good conversation and well-read a necessity. **Reply 160209**

Single 35 YO active/versatile. Slim athletic body. HIV+ healthy ISO 18-35YO slim, skinny bottom/versatile. Looking for friends, relationship. I'm mild to wild in bed. WLTM adventurous guys with few limits. Pen pals into kink welcome. **Reply 180209**

Mature HIV+ man living in Northern Rivers. I'm affectionate,

caring & looking to share my life & experiences. 76kg, slim built, fit & versatile. Age, nationality & beliefs no barrier. ALA. **Reply 070409**

I'm a totally active guy, well presented, and I would like to meet a quiet, easygoing, home-loving passive guy for a long-term 1:1 relationship. Looks & build are not important. You must be 100% totally passive, enjoy lovemaking often and be under 40 years. **Reply 220409**

35YO Aussie in gaol to 2010, looking for pen pals maybe more. I'm genuine, honest & caring. Love hairy guys & into leather. Very lonely. I'm 5'10" slim, 70 kg healthy dude. Love country living and animals. ALA. **Reply 140509**

Nude yoga master needed CBD or nearby. Mowhawked muscled PA pierced mature guy who enjoys the art of Ashtanga yoga seeks nude yoga with 1:1 gay teacher. **Reply 200509**

Tall and dark and handsome, late thirties, fit masc caring DTE genuine fun non-scene passionate top Aussie guy. WLTM other masc genuine poz guys for friendship, fun or LTR depending on chemistry. **Reply 250509**

Mid North Coast – 55YO HIV+ average build/looks, versatile, honest, DTE, GSOH, NS. ISO regular buddy for friendship and good times together. Age and nationality not important, but honesty, GSOH and discretion are. ALA. **Reply 290509**

Melbourne, Victoria – 48YO HIV+ guy, 5'10" short dark hair, blue eyes, goatee, muscular build (85-90kg) passionate & versatile. ISO F/Bs (or more) who are aged 40-50, are passionate & versatile, DTE & GOSH. **Reply 020609**

Country NSW - 35YO good looking masculine build (92kg) and Caucasian. Likes keeping fit and spending time with friends and family. Poz for three years and in great health. Seeking other poz guys up to 45yr with view to becoming friends and maybe more. **Reply 280609**

Newcastle – Mature guy, HIV+ for 20 years. Seeking genuine one-to-one friendship to LTR. I am caring, affectionate, versatile and well presented. ISO similar partner. 5'10, 34" waist, 69 kg. Prefers mature age and stability. Appearance/area no barrier. Just be yourself. **Reply 290609**

Greek 32 years, very fit, attractive HIV+ male, accounting finance student (Parramatta area) ISO specifically to make friends and have LTR with other guys. Must be very honest, healthy and hygienic. I am very straight acting and DTE. **Reply 160608**

46YO Oz-Poz GWM in good nick. Virgo/Tiger. Rural & O/S background. Well built 184cm/88kgs. Layback smoker only. Into music, cars and travel. City flat. Looking for compatible Oz GWM, DTE, GSHO, town & country, for LTR & Passion **Reply 070809**

Sydney Lilyfield area: 48YO Poz guy, 78kg, mo + goatee, hairy chest, 5ft 8, non-scene. Looking for LTR with Poz guy to 55. Quiet nights, GSOH, single. ALA. **Reply 271009**

Men Seeking Women

HIV+ undetectable and well, young looking, 48 looking for a woman under 40, healthy like me, non-smoker, non-drinker, for company and sharing experiences. Sydney. Reply 210808

Mid North Coast NSW. Straight young 48yo guy non user. HIV+ unstoppable in life. GSOH. Definitely individual but like us all has moments. Genuine, sincere, wants children, seeking lady wanting the same. Kids OK. Discretion given and expected in return. **Reply 150409**

Carpe Diem. 40 years young and attractive Sydney male. I'm kind, considerate, new-age spirited, intelligent and artistic. I want to meet a lady to adore, worship and share life forever. Hopefully I've made you smile! Seize the day! **Reply 160709**

Looking to grow in love, to be resourceful in how one lives life and transcends everything which can drag you down. Do interesting things. In my 40s, youthful, healthy, HIV+. 6 ft tall, Caucasian; Work at maintaining a good appearance and attitude. Is there a Soul to match? **Reply 061009**

ALA	All Letters Answered
LTR	Long Term Relation-
ship	
GSOH	Good Sense of
Humour	
NS	Non Smoker
ISO	Looking
For	
DTE	Down To Earth
WLTM	Would Like To Meet
GAM	Gay Asian Male
GWM	Gay White Male
TLC	Tender Loving Care

When placing and answering personals

Be clear about who you are and what you are looking for. Too much detail can be boring, and too little may be too vague. Be honest to avoid disappointment for you and your correspondent.

Do not give out your work or home address, telephone number or email address until you think you can trust the person. Use a Hotmail or Yahoo address.

Like you, other people may be anonymous. You can't always believe everything you are told.

When meeting someone:

Have reasonable expectations. Don't let your fantasies run away with you – how somebody seems might not be who they are face-to-face.

Meet for the first time in a busy public place, like a bar or club, or with friends. You can go to a private place after you have met the person and think you can trust them. Don't rely on the other person for transport.

Let someone know who you are meeting and where. You can leave a note, keep a diary, email a friend, or ask someone to phone you on your mobile to make sure you are alright.

Apply commonsense and the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful.

How to respond to a personal

Write your response letter and seal it in an envelope with a 50c stamp on it – Write the reply number in pencil on the outside – Place this envelope in a separate envelope and send it to Olga's Personals, PO Box 831, Darlinghurst 1300.

How to place a personal

Write an ad of up to 40 words – Claims that you are hiv negative or claims about blood test results cannot be made. However, claims that you are hiv positive are welcome and encouraged – Any personal that refers to illegal activity or is racist or sexist will not be published – Send the personal to Olga, including your name and address for replies. Personal details strictly confidential.

You can use this form to apply for Membership or subscribe to *Talkabout*. Please remember to sign the form. A statement about our privacy policy is below. Please read it. Our contact details are below.

Membership costs nothing - and includes a free subscription to *Talkabout*

Yes, I want to be a member of Positive Life NSW

Please tick

Full member (I am a NSW resident with hiv/aids)

Associate member (I am a NSW resident)

Disclosure of positive hiv status entitles you to full membership of Positive Life NSW with voting rights. Members' details are confidential.

Membership entitles you to *Talkabout*, *Contacts*, the Annual Report and occasional newsletters.

Subscriptions to *Talkabout* only

I don't want to become a member of Positive Life NSW but I do want to subscribe to *Talkabout* (annual subscription July 1 to June 30). Please select (tick the circle) the rate that applies to you or your organisation.

Subscriptions only

I am a New South Wales resident receiving benefits – \$5
(Please enclose a copy of your current health care card)

I am a New South Wales resident living with HIV who does not receive benefits – \$20

I am an individual and live in Australia – \$33

I am an individual and live overseas – \$77

Organisations:

Full \$88 (includes all business, government, university, hospital, and schools either for-profit or government-funded)

Concession \$44 (includes plwha groups and self-funded community owned organisations)

Overseas \$132

Personal & Health Information Statement

We collect this information to add you to our database and to notify you of information and events relating to Positive Life NSW. We store this information either in hardcopy or electronically or both. Access to your information is strictly limited to staff members. Your information will not be passed on to any other organisation or individual. You can access and correct your personal & health information by contacting us, phone 02 9361 6011 or freecall 1800 245 677, email admin@positivelife.org.au

How to contact **PositiveLifeNSW** the voice of people with HIV since 1988

Office: Suite 5, Level 1,94 Oxford Street, Darlinghurst
Mailing address: Positive Life NSW
Reply Paid 831
Darlinghurst NSW 1300
You do not need to put a stamp on the envelope.
Phone: 02 9361 6011
Freecall: 1800 245 677
Fax: 02 9360 3504

Name

Postal address

State

Ph

Email

Donations

I would like to make a donation of \$

Subscription to *Talkabout*

If you are paying the concession rate for *Talkabout* subscriptions, please enclose a copy of your Health Care Card.

You can pay by cheque/money order/credit card.
There is a \$10 minimum for credit card payments.
Please enclose your cheque or money order or give us your credit card details.

Please charge my VISA MasterCard

Expiry Date

Signature

Name on card

Total payment \$

Cash payments can be made at our office.

I acknowledge the Personal/Health Information Statement and consent to my information being collected and stored

Signature

Ordering organisation's name

Contact in organisation

Postal address

State

Ph

Fax

Email

Date ordered

Quantity Item

Health Promotion Fact Sheets

- 1 Efavirenz Managing Side Effects
- 2 Boosting your energy
- 3 Getting Started on Combination Therapy
- 4 I want to return to work
- 5 Living with body shape change
- 6 Positive Pregnancy – **Available on the website only**
- 7 Clinical Trials
- 8 A Night with Tina (Methamphetamine and HIV) – **Available on the website only**
- 9 HIV and your mouth (a pamphlet is also available)
- 10 The Dynamics of Disclosure – **Available on the website only**
- 11 What you need to know about syphilis
- 12 Changing Horizons – Living with HIV in Rural NSW
- 13 Surviving the Centrelink DSP Review
- 14 Growing Older – Living Longer with HIV
- 15. 10 reasons to test for STIs – **Available on the website only**
- 16 Relationship Agreements Between Gay Men
- 17 Dealing with diarrhoea
- 18 Disclosing to your child
- 19 Living with HIV and hep C
- 20 Balancing act: HIV and cancer

Quantity Item

Social Marketing Campaigns

- 10 reasons to test for STIs** encourages regular testing for sexually active positive gay men. – **Available on the website only**
- Positive or Negative HIV is in Our lives**
– **Fact Sheet 1 Living with Risk and Taking Control: Why do we take risks?** How do I manage risk and take control? If I have had unsafe sex what can I do to take back control? How do I deal with a positive diagnosis?
– **Fact Sheet 2 Positive Sex and Risk:** What does risk mean after a positive diagnosis? Do boundaries and attitudes to sex change? How do we think or talk about risk?
– **4 post cards with key campaign images**
– **Available on the website only**
- Getting On With It Again** *Living longer with HIV* (booklet) is based on stories and interviews and shares some strategies for change and enhancing the quality of life of people living longer with HIV.

Get The Facts Syphilis (booklet) updates HIV positive gay men who practice adventurous sex on strategies to maintain their health and the health of their partners. Key messages focus on transmission, the importance of testing for syphilis and strategies to prevent them from getting or passing it on to their partners.

KNOW THE FACTS SEX AND HEP C (booklet) updates sexually adventurous HIV positive gay men on hep C transmission, testing and strategies to prevent them from getting or passing it on to their partners.

SERO DISCO Why let HIV get in the way of a good relationships? gives gay men some practical ideas on how to look after each other in a serodiscordant relationship (where one partner is HIV positive and one partner is HIV negative). This can include everything from starting a relationship, disclosure, condoms and intimacy, relationship agreements, communication strategies, testing for HIV and STI awareness.

One-off lifestyle magazine, 4 postcards with key campaign messages and t-shirt (one design, black or white)

Workshop Resource

Let's talk about it (me, you and sex): a facilitator's resource & workshop guide on positive sexuality. (160 pages)

Simple Pleasures (Workshop Guide) builds on material presented in our booklet **GETTING ON WITH IT AGAIN Living longer with HIV**. The workshop is designed to be used with HIV positive peer support groups or in HIV support groups facilitated by healthcare workers.

All resources listed are free of charge.

For large orders we will invoice you for postage.

Mail, Fax or Email Order to:

Positive Life NSW
PO Box 831
Darlinghurst NSW 1300

Fax: 02 9360 3504 Ph: 02 9361 6011

Email: healthpromotion@positivelife.org.au

Website: www.positivelife.org.au

HIV Tests & Treatments

2009 Edition

Information and advice to help you make decisions

This booklet is for anyone with HIV who may be considering starting, stopping or changing treatments.

What this booklet is about

This booklet describes the currently available antiviral drugs for the treatment and management of HIV infection. It also describes some common tests used to monitor the health of people with HIV, and how these tests can be used to help you look after your health, or make decisions about starting, stopping or changing antiviral treatments.

Who this booklet is for

This booklet is for anyone with HIV who may be considering starting, stopping or changing treatment. It is designed for all people with HIV, whether you have been recently diagnosed, or have known about your HIV positive status for some time.

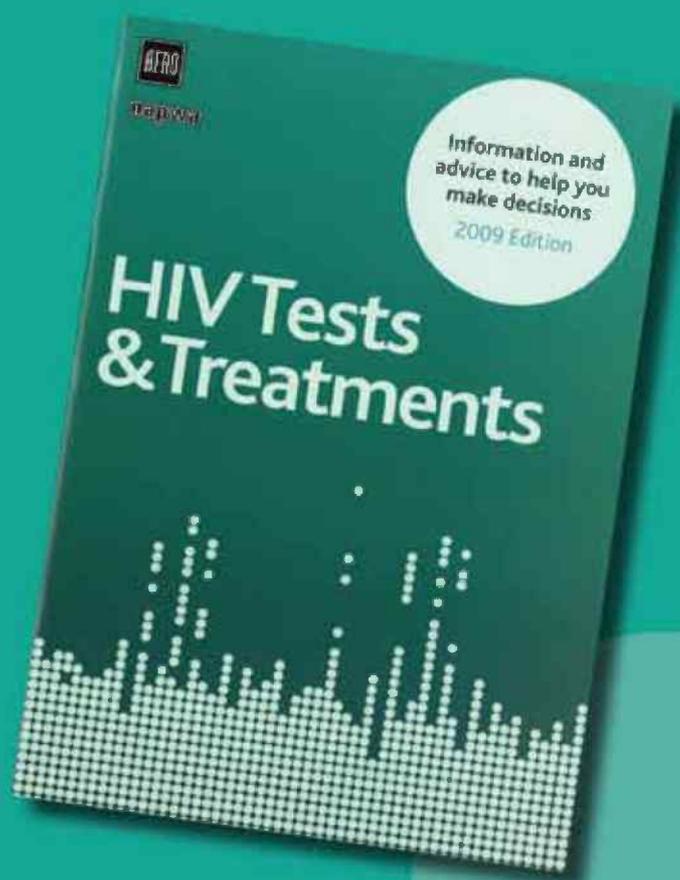
The information in this booklet is designed to help you:

- understand how HIV antiviral treatments work, and what drugs are currently available;
- understand the different tests which might be suggested by your doctor to help monitor your health; and
- work with your doctor to come up with the most appropriate HIV treatment and management strategy for you - whether with or without antiviral drugs.

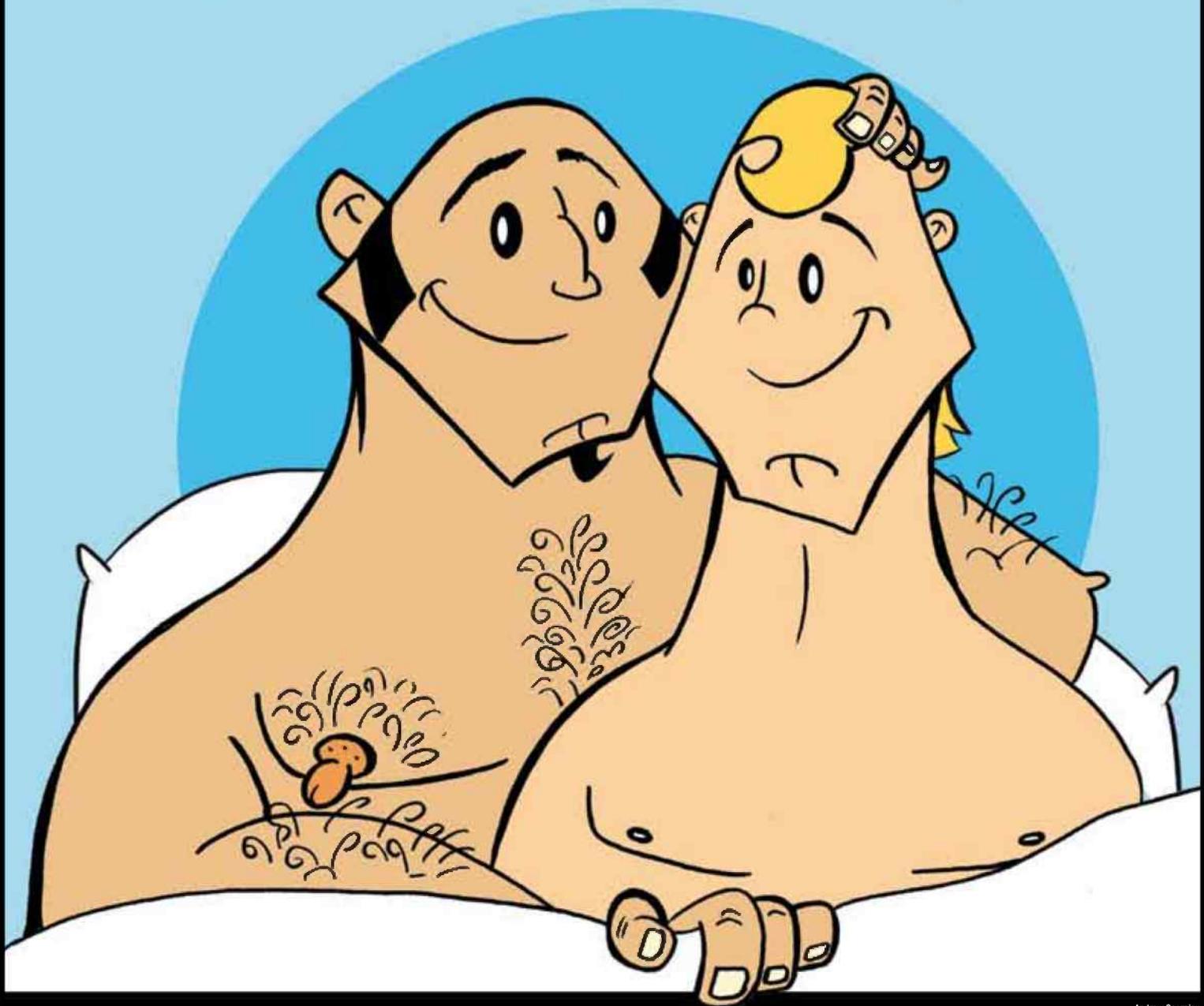
It also contains some information about:

- drug side effects and how they might be managed; and
- tips and tricks for getting the most out of your drugs.

To obtain copies please contact Positive Life NSW (02) 9361 6011 or admin@positivelife.org.au



why let HIV get in
the way of a
good relationship?



Andrew Georgiou

**We look after each other
We use condoms and lube**

PositiveLifeNSW
the voice of people with HIV since 1988
www.positivelife.org.au